

<b>Case Number:</b>	CM15-0136693		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old woman sustained an industrial injury on 3/1/2015 after a forward trip and fall which injured her left wrist and hand. Evaluations include left wrist x-rays dated 4/9/2015. Diagnoses include comminuted intraarticular left distal radius fracture status post-surgical repair, metacarpophalangeal joint contracture, tendinitis, carpal tunnel syndrome, rule out reflex sympathetic dystrophy, non-union ulnar styloid, left elbow sprain/strain, ad left shoulder sprain/strain rule out shoulder hand syndrome. Treatment has included oral medications. Physician notes dated 4/9/2015 show complaints of let hand and wrist pain rated 6/10 with numbness in the fingertips, anxiety, depression, and insomnia due to pain and stress. Recommendations include left wrist CT scan, physical therapy, Anaprox, Ultram, Norco, Prilosec, Fexmid, Neurontin, compound cream, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**IF unit x60 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous, electrotherapy, Interferential current stimulation Page(s): 118-120.

**Decision rationale:** The requested IF unit x60 day rental, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has a comminuted intra-articular left distal radius fracture status post-surgical repair, metacarpophalangeal joint contracture, tendinitis, carpal tunnel syndrome, rule out reflex sympathetic dystrophy, non-union ulnar styloid, left elbow sprain/strain, ad left shoulder sprain/strain rule out shoulder hand syndrome. Treatment has included oral medications. Physician notes dated 4/9/2015 show complaints of left hand and wrist pain rated 6/10 with numbness in the fingertips, anxiety, depression, and insomnia due to pain and stress. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, IF unit x 60 day rental is not medically necessary.

**Physical therapy x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The requested Physical therapy x12, is not medically necessary. CA MTUS Post-Surgical Guidelines, Page 20, Fracture of radius/ulna (forearm) (ICD9 813): Postsurgical treatment note: "16 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months." The injured worker has a comminuted intraarticular left distal radius fracture status post-surgical repair, metacarpophalangeal joint contracture, tendinitis, carpal tunnel syndrome, rule out reflex sympathetic dystrophy, non-union ulnar styloid, left elbow sprain/strain, and left shoulder sprain/strain rule out shoulder hand syndrome. Treatment has included oral medications. Physician notes dated 4/9/2015 show complaints of left hand and wrist pain rated 6/10 with numbness in the fingertips, anxiety, depression, and insomnia due to pain and stress. The treating physician has not documented objective evidence of derived functional improvement from completed occupational therapy sessions, nor the medical necessity for additional therapy beyond referenced guideline recommendations to establish a transition to a dynamic independent home exercise program. The criteria noted above not having been met, Physical therapy x12 is not medically necessary.

