

Case Number:	CM15-0141489		
Date Assigned:	07/31/2015	Date of Injury:	04/15/2015
Decision Date:	09/03/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 56 year old female who sustained an industrial injury on 4-15-15. However, review of the documentation reveals that the Industrial work status report indicates date of injury as 1-30-15. Further documentation reveals that the injured worker indicated that this was not the date of injury, but rather the date that she sought medical attention. The injured worker reports that her pain has developed over time, beginning approximately 3-4 years ago. She states that it started in her wrists and hands at that time. Approximately 2 years ago, she developed elbow pain "due to her work duties." She states that approximately one year ago, she developed pain in her neck and right shoulder. She attributed this to "twisting and turning during work duties." At that time, she sought medical attention and was placed on anti-inflammatory medications. In early 2015, her symptoms worsened and she returned to her physician. Physical therapy was recommended, as well as her medications. She, again, returned to her physician in April 2015. The physician, again, referred to physical therapy. She states that she attended one session before deciding to report her injury to her employer. She was examined by another physician and physical therapy, again, was recommended. She has been diagnosed with numbness and tingling of skin, right trapezius strain, right shoulder muscle strain, De Quervain's tenosynovitis, left lateral epicondylitis. Treatment has remained conservatively with physical therapy and medications. She had an ergonomic evaluation completed. Currently, the PR-2 dated 6-3-15, indicates that the injured worker's bilateral upper extremity signs and symptoms have improved. However, the numbness and tingling persists. The injured worker complained that her symptoms escalated at work. She is wearing wrist braces daily and when sleeping. Several documents included in the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit: Upheld

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

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

Decision rationale: CA MTUS states that home ICS units are not recommended as an isolated intervention. However, a 1 month trial may be considered appropriate if certain criteria are met. ICS is indicated if pain is ineffectively controlled with medication, pain is ineffectively controlled due to side effects of medications, there is a history of substance abuse, there is significant post-operative pain that limits exercise/physical therapy, or the pain is unresponsive to conservative measures. In this case, none of the above criteria has been met, therefore the request is deemed not medically necessary or appropriate.