

<b>Case Number:</b>	CM15-0145062		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 63 year old female who sustained an industrial injury on 1-21-2003. She has sustained cumulative trauma type of injuries to her bilateral wrists. She has reported injury to the bilateral hands and has been diagnosed with carpal tunnel syndrome and pain in joint hand. Treatment has included medications, physical therapy, and medical imaging. Objective findings note she had complaints of right middle finger and fourth finger continue to lock up and had soreness to the left hand. There was limited range of motion present. X-rays were taken of the bilateral hands and bilateral wrists, which showed no increase in osteoarthritis. The treatment plan included an interferential unit and urine toxicology screen. The treatment request included an interferential unit and supplies 30-60 day rental and purchase and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit & supplies 30-60 day rental & purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

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

**Decision rationale:** The CA MUTS guidelines state that interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures. (e.g., repositioning, heat/ice, etc.) The guidelines do not recommend interferential stimulation as an isolated intervention. The medical records do not establish that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the injured worker has significant side effects from medication or a history of substance abuse. The records do not establish that the injured worker has been unresponsive to other conservative measures. The request for Interferential unit & supplies 30-60 day rental & purchase is not medically necessary and appropriate.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Drug Testing Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Urine toxicology screen is not medically necessary and appropriate.