

Case Number:	CM15-0146792		
Date Assigned:	08/07/2015	Date of Injury:	08/04/2013
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 8-4-13. She has reported initial complaints of immediate pain after being hit by a truck on her left side causing injury to the left shoulder, arm and hand. The diagnoses have included left wrist strain and sprain rule out internal derangement, left hand strain and sprain carpal tunnel syndrome, left shoulder strain and sprain rule out tendinitis, impingement, rotator cuff tear and internal derangement, status post left wrist carpal tunnel release surgery 3-28-15 and herniated cervical disc with radiculitis. Treatment to date has included medications, activity modifications, work modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5-22-15, the injured worker is status post left wrist carpal tunnel release surgery on 3-28-15. The current medications included Norco and Voltaren. The objective findings reveal that the left wrist range of motion with extension is 45 degrees, flexion is 45 degrees, radial deviation is 20 degrees, and ulnar deviation is 30 degrees. There is also a well healed incision with swelling noted on the left wrist. The previous physical therapy sessions were not noted. Work status is total temporarily disabled. The physician requested treatment included an Interferential Unit (IF) for home use as needed to help control pain and inflammation and increase circulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (IF) is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are left shoulder strain sprain, rule out tendinitis, impingement, rotator cuff tear, internal derangement; left wrist sprain strain, rule out internal derangement; left hand sprain strain, carpal tunnel syndrome; and status post left wrist carpal tunnel release surgery March 28, 2015. Subjectively, there are no specific symptoms, but the treating provider indicates the injured worker is status post left carpal tunnel release surgery. The treating provider is requesting an IF unit to be used as needed to help control pain and inflammation and increase circulation. There is no documentation of a one-month trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of a one-month IF trial, Interferential unit (IF) is not medically necessary.