

Case Number:	CM15-0180183		
Date Assigned:	09/22/2015	Date of Injury:	10/07/2011
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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, 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:

This 56 year old woman sustained an industrial injury on 10-7-2011. The mechanism of injury is not detailed. Diagnoses include status post left carpal tunnel release, recurrent left carpal tunnel syndrome, bilateral upper extremity overuse syndrome, right carpal tunnel syndrome, left De Quervain's stenosing tenosynovitis, left lateral epicondylitis vs. common extensor tendon tear, and left elbow sprain rule out left elbow internal derangement. Treatment has included oral medications and surgical intervention. Physician notes dated 11-20-2014 show complaints of tenderness to the incision site of the left hand. The physical examination shows no erythema or cellulitis of the left hand, positive Finkelstein's test, no pain in the automatic snuffbox or with ulnar or radial deviation of the wrist, no pain with wrist extension or flexion, several nodules in the A1 pulleys of the index, middle, ring, and small fingers, no locking, no dorsal or volar masses, positive Phalen's, positive Tinel's, positive compression test over the median nerve with numbness to the thumb, index finger, and middle finger, negative Dukan's test, negative Prayer's sign, no thenar atrophy, no abductor pollicis brevis weakness, pain to the lateral epicondyle, no pain to the medial epicondyle, right extremity reveals positive Phalen's and compression test over the median nerve with numbness of the thumb, index, and middle fingers, mild thenar atrophy and pollicis brevis weakness, positive Durkan's and prayer sign, negative Tinel's over the cubital and Guyon's canal, and normal range of motion to the bilateral fingers. Range of motion is listed for the bilateral wrists and elbows, however, only one value is listed and it is unclear which side these measurements refer to. Recommendations include left elbow MRI, review bilateral upper extremity electromyogram, forearm splint, spica splint, right volar wrist splint,

TENS unit, Tramadol, and follow up in one month. Utilization Review denied a request for interferential unit citing there are no well-conducted studies that show this item effects outcomes and it is not considered the standard of care. Further, the request does not meet evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Interferential unit, purchase, for bilateral carpal tunnel syndrome (Dispensed on 12/31/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Interferential unit (IF) unit, purchase for bilateral carpal tunnel syndrome dispensed December 31, 2014 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 workers working diagnoses are status post left carpal tunnel release; recurrent left carpal tunnel syndrome; right upper extremity and left upper extremity overuse syndrome; right carpal tunnel syndrome; left DeQuervain's stenosis tenosynovitis; left lateral epicondylitis versus common extensor tendon tear; and left elbow sprain. Date of injury is October 7, 2011. Request for authorization is August 7, 2015. The issue references a December 31, 2014 progress note for the retrospective IF unit. The most recent progress note in the medical record is November 20, 2014. There is no December 31, 2014 progress note in the record. The documentation indicates the injured worker's status post left carpal tunnel syndrome June 24, 2014. The treatment plan contains a request for a TENS unit, but no request for an IF unit. There is no clinical indication or rationale for an IF unit. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation from December 31, 2014 and no clinical indication or rationale for an IF unit, retrospective Interferential unit (IF) unit, purchase for bilateral carpal tunnel syndrome dispensed December 31, 2014 is not medically necessary.