

<b>Case Number:</b>	CM15-0180607		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old female who sustained an industrial injury January 21, 2014. Diagnoses have included left hand pain and strain, ligament and muscle strain and spasm, and possible left hand reflex sympathetic dystrophy. Documented treatment includes nerve block injections reported as not providing relief, home exercise, ice compressions, and medication. The injured worker continues to report progressive left wrist pain, weakness and stiffness. Pain is described as "sharp, dull, aching, and burning," and she experiences numbness and tingling. Her baseline pain rating is stated in the July 13, 2015 progress report to be 6-7 out of 10 and is worse with repetitive use. She is having difficulties with functionality including gripping, grasping, pushing, and pulling, and reports this interferes with activities such as household chores, dressing and sleeping. The physician noted that there was no swelling, redness, bruising, major deformity or abnormal clubbing, but her left hand was tender to touch. The treating physician's plan of care includes a request submitted July 31, 2015 for a 30-day rental of an Interferential unit including supplies for the left wrist which was denied on August 10, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit and supplies x30 day rental for the left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Based on the 7/27/15 progress report provided by the treating physician this patient presents with unchanged continued left wrist pain with weakness/stiffness. The treater has asked for IF Unit and Supplies x30 Day Rental for the Left Wrist on 7/27/15. The patient's diagnosis per request for authorization dated 7/31/15 is left wrist CRPS. The patient is s/p nerve block injection 3.5 weeks ago with no relief per 7/27/15 report. The patient's left hand pain is rated 6-7/10, and it is described as worsening and radiating pain per 7/13/15 report. The patient is using wrist braces per 3/20/15 report. The patient states that medications alleviate pain, but activities at home and at work worsen pain per 6/1/15 report. The patient is to "return to modified work on 7/28/15" as of 7/27/15 report. MTUS, Transcutaneous Electronic Therapy Section, Page 118-120, regarding Interferential Current Stimulation (ICS) states: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." The treater is requesting a 30 day rental of an interferential unit and supplies "to manage pain and reduce medication usage" per 7/27/15 report. Utilization review letter dated 7/27/15 does not provide a rationale for denial. In regard to the 30 day rental of an interferential unit for this patient's continued left wrist pain, there is no evidence that this patient has trialed an interferential unit to date. The patient has failed conservative measures including activity restrictions, bracing, medications, and injections. The request appears reasonable and within MTUS guidelines. Therefore, the request is medically necessary.