

<b>Case Number:</b>	CM15-0198496		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

This is a 35 year old female with a date of injury of November 17, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow lateral epicondylitis with olecranon bursitis and right wrist flexor and extensor tendinitis with carpal tunnel syndrome. Medical records dated March 30, 2015 indicate that the injured worker reported no complaints. Records also indicate that the injured worker had fully recovered after having steroid injections and had reached maximum medical improvement. A progress note dated August 31, 2015 documented complaints of right wrist and hand pain with numbness and tingling, and right elbow and forearm pain occasionally radiating to the right shoulder. Per the treating physician (August 31, 2015), the employee was temporarily totally disabled. The physical exam dated March 30, 2015 reveals normal range of motion of the elbows and wrists, and no abnormal findings. The progress note dated August 31, 2015 documented a physical examination that showed slight diffuse swelling of the right elbow, tenderness to palpation over the lateral epicondyle and olecranon process, positive Cozen's test, slightly positive Tinel's sign, decreased range of motion of the right elbow, slight atrophy of the first interosseous space of the right thenar pad, tenderness to palpation over the flexor and extensor tendons and the first dorsal compartment, decreased range of motion of the right wrist, decreased grip strength on the right, and slightly decreased sensation to light touch and pinprick in the right median nerve distribution. Treatment has included medications (Voltaren XR 150mg noted on August 31, 2015), elbow bracing, and steroid injections. The original utilization review (September 10, 2015) non-certified a request for an interferential unit for home use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 interferential unit for home use:** Upheld

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

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

**Decision rationale:** The patient presents on 08/31/15 with right wrist/hand pain with associated numbness and tingling, and right elbow/forearm pain which occasionally radiates into the right shoulder. The patient's date of injury is 11/17/14. The request is for 1 interferential unit for home use. The RFA is dated 08/31/15. Physical examination dated 08/31/15 reveals tenderness to palpation of the right lateral epicondyle and olecranon process with diffuse swelling, positive Tinel's sign and reduced range of motion noted. Right wrist examination reveals atrophy of the first interosseous space, tenderness to palpation over the flexor and extensor tendons, with slightly decreased sensation noted in the right medial nerve distribution. The patient is currently prescribed Voltaren gel. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy section, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "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. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In regard to the IF unit for this patient's continuing right upper extremity pain, evidence of a successful 30-day trial has not been provided. It is not clear if this is a request for a rental or a purchase of the unit, as the RFA associated with the request does not specify if this is to be a trial rental or purchase. There is no evidence that this patient has trialed an IF unit to date. Were the request for a 30-day rental or trial the recommendation would be for approval. However, the purchase of an IF unit without first demonstrating efficacy with a 30 day trial does not meet MTUS guideline procedures and cannot be substantiated. Therefore, the request IS NOT medically necessary.