

Case Number:	CM15-0202081		
Date Assigned:	10/19/2015	Date of Injury:	05/11/2010
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 35 year old female, who sustained an industrial injury on 5-11-10. The injured worker was diagnosed as having status post left carpal tunnel release on 8-19-15 and status post right carpal tunnel release on 9-2-15. Subjective findings (8-27-15, 9-10-15) indicated no further tingling and numbness in the median innervated digits, but some numbness involving the radial border of the ring finger and small finger. She also reports some residual weakness in the left hand. Objective findings (8-27-15, 9-10-15) revealed little tenderness over the ulnar nerve within Guyon's canal and sensation to light touch markedly improved following left carpal tunnel surgery. As of the PR2 dated 9-21-15, the injured worker reports some residual aching as well as numbness between her 4th and 5th digit. The treating physician noted that the injured worker is status post right carpal tunnel surgery and post-operative sensory function has normalized in the right hand. Objective findings include sensation to light touch markedly improved and Guyon's canal is mildly positive on the left and negative on the right. Treatment to date has included occupational therapy, Naproxen, Protonix and Tylenol #3. The Utilization Review dated 9-24-15, non-certified the request for Med 4 inferential unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 inferential unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Chronic Pain Interferential Current stimulation, pages 118-120.

Decision rationale: This is a request for an interferential unit with garment to be used by a patient who underwent August 19, 2015 left and September 2, 2015 right carpal tunnel release. There is no medical evidence of effectiveness of interferential units in the post-operative management of patient's following carpal tunnel release surgery and as a consequence such units are not included in any evidence based treatment algorithms. The California MTUS guidelines discuss such units in the chronic pain treatment section on pages 118 through 120 where it is noted that interferential units are, "not recommended as an isolated intervention" and that, "there is no quality evidence of effectiveness except in conjunction with recommended treatments (page 118)." There is no medical evidence of effectiveness of interferential units in this clinical setting and no expectation the requested unit would result in an improved functional outcome for the injured worker. Therefore, the device is determined to be unnecessary.