

Case Number:	CM15-0214587		
Date Assigned:	11/04/2015	Date of Injury:	03/10/2015
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 3-10-2015. Medical records indicate the worker is undergoing treatment for bilateral forearm-wrist flexor and extensor tendinitis and carpal tunnel syndrome. A recent progress report dated 9-30-2015, reported the injured worker complained of bilateral wrist and hand pain, rated 8-9 out of 10, with numbness and tingling. Physical examination revealed bilateral wrist tenderness with right being greater than left with positive Tinel's and Phalen's sign. Bilateral wrist ultrasound showed a normal left wrist and right wrist-right median nerve fusiform thickening, right ulnocarpal joint degenerative joint disease, triangular fibrocartilage ulnar attachment fraying and degeneration, extensor carpi ulnaris tenosynovitis and first dorsal compartment inflammation. Treatment to date has included acupuncture, right wrist brace, physical therapy and medication management. On 9-30-2015, the Request for Authorization requested Home interferential unit with conductive glove, heat pad and hand with wrist exercise kit. On 10-23-2015, the Utilization Review non-certified the request for Home interferential unit with conductive glove, heat pad and hand with wrist exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential unit with conductive glove, heat pad and hand with wrist exercise kit,
Qty 1: 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 MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one-month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was no record of having had any trial of an interferential unit at home for a period of time before considering this request for a purchase of a unit and supplies. Without this evidence of benefit with use at home as a trial, this request will be considered medically unnecessary at this time.