

Case Number:	CM15-0049596		
Date Assigned:	03/23/2015	Date of Injury:	01/20/2015
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 1/20/15. She reported a left elbow and left wrist injury due to repetitive work duties. The injured worker was diagnosed as having left elbow sprain/strain; left wrist sprain/strain; DeQuarvain's; left carpal tunnel syndrome. Treatment to date has included chiropractic care (x12); acupuncture; physical therapy; medications. Currently, per the PR-2 dated 3/6/15, the injured worker complains of constant severe, dull, achy left forearm pain with cramping, numbness and tingling sensation with left wrist. The pain radiates to the left thumb. Interferential 4100 units (purchase or rental) was recommended to coincide with physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential 4100 units (purchase or rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in January 2015. Treatments have included physical therapy. Also requested was chiropractic treatment, continued physical therapy, and acupuncture treatment was being planned. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation. Therefore, purchase of a unit would not be medically necessary. In terms of rental, this request does not specify the duration of the rental and is not medically necessary for that reason as well.