

<b>Case Number:</b>	CM15-0060745		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 51-year-old female, who sustained an industrial injury on 01/01/2013. She has reported subsequent left wrist and upper extremity pain and was diagnosed with internal derangement of the left wrist, left carpal tunnel release, first carpometacarpal joint subluxation and possible complex regional pain syndrome in the left upper extremity. Treatment to date has included oral pain medication, physical therapy and acupuncture. In a progress note dated 02/02/2015, the injured worker complained of pain, weakness and swelling in the left upper extremity. Objective findings were notable for severe tenderness at the first CMC joint and dorsal aspect of the left wrist, positive Tinel's sign at the left carpal tunnel, pain with range of motion of the left wrist and tenderness at the lateral aspect of the left elbow and positive Cozen's sign on the left. The left wrist and forearm circumference was noted to be greater than the right wrist and forearm. The physician noted that a home interferential unit and supplies would be requested for pain relief purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interspec IF unit II and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left upper extremity pain. In terms of interferential current stimulation, it is considered as possibly appropriate if it has been documented to be effective. Criteria for a one-month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not had a trial of interferential stimulation and therefore providing a home unit for indefinite use is not medically necessary.