

<b>Case Number:</b>	CM15-0085662		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, North Carolina  
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 61 year old female, who sustained an industrial injury on 4/1/03. The injured worker was diagnosed as having status post tenovagotomy of left wrist first dorsal compartment, DeQuervain's stenosing tenosynovitis of right wrist and right carpal tunnel syndrome. Treatment to date has included right wrist brace, oral medications and home exercise program. Currently, the injured worker complains of pain at radial aspect of right wrist and numbness and tingling throughout the right hand. Physical exam noted mild to moderate tenderness of right wrist first dorsal compartment with mild to moderate swelling overlying the radial aspect of the right wrist. The treatment plan for the progress report dated 11/14 included a request for surgery and a follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

**Decision rationale:** The CA MTUS states that ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. The guidelines require participation in a conservative program of therapy and demonstrated unresponsiveness to such a program. In this case, there is no documentation that the patient is participating in a conservative program, therefore the request is not medically necessary at this time.