

Case Number:	CM15-0233174		
Date Assigned:	12/08/2015	Date of Injury:	06/14/2014
Decision Date:	01/15/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/30/2015

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, New York
 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 25-year-old male, with a reported date of injury of 06-14-2014. The diagnoses include left wrist pain, rule out TFCC (triangular fibrocartilage complex) tear; and left wrist, hand strain, and sprain. The doctor's first report dated 07-29-2015 indicates that the injured worker complained of constant pain in the left wrist, which was described as sharp, throbbing, and burning along with numbness and tingling, and was rated 7 out of 10. The objective findings were not indicated. The injured worker's work status was noted as temporarily totally disabled until 09-09-2015. The progress report dated 08-31-2015 indicates that the injured worker complained of pain in the left wrist along with aching and soreness. He rated the pain 8 out of 10. The injured worker also complained of tingling and symptoms of depression. The objective findings related to the left wrist include dorsiflexion at 45 degrees; volar flexion at 50 degrees; radial deviation at 10 degrees; ulnar deviation at 15 degrees; positive Tinel's; positive Phalen's; tenderness over the distal radioulnar joint; tenderness of the triangular fibro cartilage complex; abnormal two-point discrimination of the left median and ulnar nerve distribution; and abnormal motor power and sensation of the left hand. It was noted that the injured worker remained temporarily very disabled from work until 10-22-2015. The diagnostic studies to date have included an MRI of the left wrist on 09-22-2015 which showed subchondral cyst formation and radioulnar joint effusion; and electrodiagnostic studies of the bilateral upper extremities on 09-18-2015 with no acute findings. Treatments and evaluation to date have included Motrin and Ketoprofen 10%-Cyclobenzaprine 3%-Lidocaine 5% cream. The request for authorization was dated 08-31-2015. The treating physician requested interferential current stimulation (ICS) for

home use and pain relief purpose. It was noted that the unit should be used for 30 minutes, three times a day, for 60 days to help control pain and inflammation and to increase circulation. On 11-06-2015, Utilization Review (UR) non-certified the request for interferential current stimulation (ICS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment Qty Interferential unit for home use and pain relief purpose-30 mins, 3 times per day times 60 days: 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 request is considered not medically necessary. Interferential current stimulation is not recommended as an isolated treatment modality. If the patient had failed all conservative therapy and oral analgesics, it may be beneficial to try ICS. The patient should have a one month trial with documentation of functional improvement. The patient was not documented to have failed therapy and there was no one month trial documented. Therefore, the request is considered not medically necessary.