

Case Number:	CM14-0124426		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2013
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of June 11, 2013. A utilization review determination dated July 14, 2014 recommends non-certification of Interspec IF and supplies. A progress note dated May 27, 2014 identifies subjective complaints of right wrist pain with gripping, grasping and twisting. The patient reports that he is unable to open doors and he gets cramping in the hand as well. Physical examination identifies restricted range of motion of the right wrist particularly on dorsiflexion which is moderately reduce secondary pain, there is weakness and loss of range of motion of the right thumb secondary to pain, Tinel's is positive of the right carpal tunnel, and there is tenderness over the extensor carpi ulnaris and TFCC on the right. Diagnoses include status post right hand contusion, extensor carpi ulnaris tendinitis rule out triangular fibrocartilage complex tear, rule out carpal tunnel syndrome, and rule out internal derangement of right wrist. The treatment plan recommends a second request for authorization for a hand specialist for the right wrist, pending on a report of an MRI arthrogram of the right wrist, the patient was instructed on a home exercise program, and a request for a home interferential unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: Regarding the request for Interspec IF and supplies, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, or significant pain from postoperative conditions limits the ability to perform exercises.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. In light of the above issues, the currently requested Interspec IF and supplies is not medically necessary.