

Case Number:	CM14-0138330		
Date Assigned:	09/05/2014	Date of Injury:	01/08/2010
Decision Date:	10/28/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in Utah. 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:

The patient is a 56 year-old male. The patient's date of injury is 1/8/2010. The mechanism of injury was climbing a power pole. The patient has been diagnosed with carpal tunnel syndrome of the right wrist, lumbar radiculopathy. The patient's treatments have included physical therapy, imaging studies, and medications. The physical exam findings dated Feb 5, 2014 shows a deformity in the right thumb, Tinel's and Phalen's test are positive bilaterally. Sensation is reduced in the bilateral hands, and motor strength is reduced in bilateral hands. In the lumbar spine range of motion is reduced by 30%, motor strength is decrease in bilateral ankle dorsiflexors, and there is a positive straight leg raise test bilaterally. The patient's medications have included, but are not limited to, Orphenadrine and a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/ Unit & Supplies for RT wrist - Carpal tunnel syndrome (CTS): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Interferential unit and supplies. MTUS guidelines state the following: not recommended as an isolated intervention. This is not an isolated intervention, that patient has undergone physical therapy, bracing and carpal tunnel release. According to the clinical documentation provided and current MTUS guidelines; Interferential unit and supplies is indicated as a medical necessity to the patient at this time.