MAXIMUS Federal Services

Case Number:	CM14-0152054		
Date Assigned:	09/22/2014	Date of Injury:	10/18/2013
Decision Date:	10/23/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

The injured worker is a 43-year-old female who reported an injury on 10/18/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included bilateral carpal tunnel syndrome and medial neuropathy. Previous treatments included medication and physical therapy. In the clinical note dated 08/21/2014, it was reported the injured worker complained of right wrist pain with limited motion. Upon physical examination, the provider noted there was tenderness to palpation, right greater than left wrist. Tenderness to palpation was noted over the shoulder. The clinical documentation submitted is largely illegible. The request submitted is for an interferential unit with conductive garment. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT WITH CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The request for interferential unit with conductive garment is not medically necessary. The California MTUS Guidelines do not recommend a stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with the recommended treatments including return to work, exercise, medication, and limited evidence of improvement on those recommended treatments alone. It may possibly be appropriate for the following conditions if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is lack of documentation provided that would reflect diminished effectiveness of medications, history of substance abuse or any postoperative conditions which would limit the injured worker's ability to perform exercise program/physical therapy treatment. There is lack of documentation indicating the injured worker had been unresponsive to conservative measures. The provider failed to document adequate and complete physical examination demonstrating the injured worker to have objective functional conditions which would demonstrate deficits needed to be assessed as well as establish a baseline by which to assess objective functional improvement over the course of therapy. The request submitted failed to provide the length of treatment to be provided. The request submitted failed to provide treatment type. Therefore, the request is not medically necessary.