

Case Number:	CM14-0160127		
Date Assigned:	10/03/2014	Date of Injury:	12/19/2013
Decision Date:	12/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine 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:

Patient is a 50 year-old female with date of injury 12/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/7/2014, lists subjective complaints as pain in the left wrist. Objective findings: Examination of the left wrist revealed full range of motion with tenderness over the ulnar styloid with positive triangular fibrocartilage grind test. Positive Finklestein's test for de Quervian's tenosynovitis. Sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities. Diagnosis: 1. Left wrist triangular fibrocartilage complex 2. Left wrist tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit with conductive glove/sock: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

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

Decision rationale: According to the MTUS an interferential current stimulation (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. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential home unit with conductive glove/sock is not medically necessary.