

Case Number:	CM15-0000983		
Date Assigned:	01/12/2015	Date of Injury:	02/11/2011
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on 2/11/11. She has reported pain in the bilateral upper extremities. The diagnoses have included radial styloid tenosynovitis de Quervain's disease. Treatment to date has included right wrist brace, physical therapy, trial period of interferential unit and oral medications. Currently, the injured worker complains of pain and spasms in the right wrist and elbow exacerbated by working under air conditioner vent. The treating physician is requesting to continue avid interferential unit with supplies for long-term use. On 12/22/14 Utilization Review non-certified an avid interferential unit with supplies, noting the injured worker does not meet the MTUS guidelines for chronic pain management. On 1/5/15, the injured worker submitted an application for IMR for review of avid interferential unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

avid interferential unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 1. Decision based on Non-MTUS Citation Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. <http://www.guideline.gov/content.aspx?id=47590>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that regarding physical treatment methods, TENS units and passive modalities are not recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The medical records document upper extremity conditions. MTUS, ODG, and Work Loss Data Institute guidelines do not support the use of interferential therapy. Therefore, the request for an Avid interferential unit is not medically necessary.