

Case Number:	CM15-0006147		
Date Assigned:	01/20/2015	Date of Injury:	01/17/2014
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old male with an industrial injury dated 01/17/2014 resulting in left hand injury. He presents complaining of left hand pain that is dull in character and radiates to left arm. He also complains of right thigh, left thigh and left knee pain. Left hand exam noted moderate dorsal 1st web atrophy compared to the right with tenderness in left hand. Prior treatment consisted of x-rays, MRI scanning, upper extremity electro diagnostic studies, physical modalities and prescription medication. Left hand surgery was performed on 01/17/2014. Diagnoses were left hand surgery. On 11/26/2014 the provider requested an interferential unit. On 12/15/2014 Utilization Review non-certified the request for lead wire quantity 1, noting due to the request pertaining to the interferential unit which also cannot be certified until further information is provided "I cannot certify the request for the lead wire as well until I am able to discuss further with the provider." MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Leadwire A4557 # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The requested wire is for an inferential unit for the hand injury. However, MTUS, ACOEM notes that there is no documentation that the requested unit has any scientifically proven efficacy. Thus, the wire for the unit is also not recommended.