

Case Number:	CM15-0012524		
Date Assigned:	01/30/2015	Date of Injury:	10/24/2014
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 10/24/2014. A doctor's first report of illness visit dated 11/10/2014 reported subjective complaints of bilateral wrist/hand pain with numbness and tingling; bilateral elbow pain, and bilateral shoulder pain. Objective findings showed tenderness to palpation over the periscapular musculature. There is slight subacromial crepitus with passive ranging. Impingement test and cross arm test elicit posterior pain bilaterally. Radiographs obtained 11/10/2014 showed no acute findings. The following diagnoses were applied; bilateral shoulder periscapular strain; bilateral elbow sprain with medial epicondylitis and right cubital tunnel syndrome, bilateral wrist flexor/extensor tendonitis with right carpal tunnel syndrome. Ultracin was prescribed for pain. The patient was to return to modified work duties and if not available then she will be temporarily totally disabled. On 12/29/2014 Utilization Review non-certified a request for a home interferential unit, noting the CA MTUS/ACOEM official Disability Guidelines, interferential Current Stimulation were cited. The injured worker submitted an application for independent medical review of requested services on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit Purchase: Upheld

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 interferential unit Page(s): 118.

Decision rationale: According to the guideline, an ICS unit is not recommended. 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. 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. In addition, 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. In this case, the claimant had already undergone other forms of intervention with more proven scientific benefit such as manual therapy, and medications. There is no documentation of response to an IF unit to justify long-term use or purchase for home use. There are no defined guidelines for parameters /time of use. As a result, the request is not medically necessary.