

<b>Case Number:</b>	CM15-0013660		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 Jersey

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 49 year old female, who sustained an industrial injury on 8/13/2014. The diagnoses have included other tenosynovitis of hand and wrist. Treatment to date has included conservative measures. Currently, the injured worker complains of bilateral wrist/forearm pain with tingling to the left thumb, increased with gripping and grasping. Pain with anti-inflammatory medication use was rated 2-3/10, and 5-6/10 without the use of medications. A good initial response was noted to rehabilitation program. The PR2 report, dated 11/07/2014, noted normal nerve conduction studies bilaterally. Physical exam noted tenderness to palpation to bilateral volar wrists. Grip strength was 30/30/25 right and 10/10/5 left. On 1/12/2015, Utilization Review non-certified a request for (1) interferential (IF) unit and conduction glove, electrodes, batteries, adhesive removers, lead wire and tech fee, one to two months rental and purchase and continued supplies for long term use, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit and Conductive Glove, Electrodes, Batteries, Adhesive Removers, Lead Wire and Tech Fee, 1 to 2 Month(s) Rental and Purchase and Continued Supplies for Long Term Use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker who was diagnosed with tenosynovitis, she was experiencing a good response to physical therapy, reportedly, and was recommended home exercises. She however, was still experiencing pain and tingling symptoms, even with medication and physical therapy combined. She was also recommended an ICS unit for rental and then purchase, including all of the accessories. In the opinion of the reviewer it is reasonable to suggest a trial of ICS, however, the request included purchase as well as rental, which is not recommended. Only after a trial would purchase request be able to be made. Therefore, the "IF Unit and Conductive Glove, Electrodes, Batteries, Adhesive Removers, Lead Wire and Tech Fee, 1 to 2 Month(s) Rental and Purchase and Continued Supplies for Long Term Use" will be considered medically unnecessary.