

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0123186 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 08/14/2012 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 female who sustained an industrial injury on 08/14/12. She reports head, neck, back, bilateral hand, and bilateral knee pain status post fall. Initial diagnoses are not available. She currently reports doing poorly with marked numbness and tingling of her bilateral hands, particularly in the ring and little fingers bilaterally. Treatments to date include physical therapy, medications, injections, bracing, neurology consultation, and rest. Clinical and EMG/NCV diagnosis is cubital tunnel syndrome of the bilateral elbows. In a progress note dated 05/18/15 the treating physician reports tenderness about the bilateral upper extremities with decreased sensation in the ring and little fingers bilaterally. Plan of care includes anterior transposition of the ulnar nerves of both elbows, and urine toxicology screen. Treatment requested includes interferential unit rental for 30 days, and cold therapy unit purchase. The injured worker is under temporary total disability. Date of Utilization Review: 06/04/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: IF (Interferential) unit rental for 30 days:** 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 current Page(s): 118-119.

**Decision rationale:** Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "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. 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/or methodological issues. In this case, the request is for a treatment not recommended by the clinical guidelines. Based on this, this request is not medically necessary.

**Associated surgical service: Cold therapy unit purchase, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. The guidelines do not recommend cryotherapy for the elbow. Therefore, this request is not medically necessary.