

Case Number:	CM15-0128085		
Date Assigned:	07/14/2015	Date of Injury:	10/07/2011
Decision Date:	09/23/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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 (IW) is a 42 year old female who sustained an industrial injury on 10/07/2011. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Right wrist sprain-strain, probable triangular fibrocartilage complex tear, Left wrist strain-sprain, Right hand sprain-strain, rule out tendinitis, carpal tunnel syndrome. Left hand strain-sprain rule out carpal tunnel syndrome, Anxiety and depression, stress related. Treatment to date has included pain medications and physical therapy. Currently, the injured worker complains of stress and pain in both wrists and hands. The pain is rated as a 4-6 on a scale of 1=10 and is accompanied with intermittent numbness and tingling. She also complains of pain in the low and in the upper back. On exam, she has decreased range of motion in the left and right wrists, and positive Tinel's and Phalen's test over the carpal tunnel region. Tenderness is noted over the distal radio ulnar joint and over the triangular fibrocartilage bilaterally. The worker is to return to work with restrictions. A request for authorization was submitted for: 1. DME: IF Unit, 60 Day Rental. 2. Left Wrist Forearm Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: IF Unit, 60 Day Rental: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

Decision rationale: According to the guidelines an IF unit is 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. In this case, the claimant was prescribed therapy and topical pain medications along with the IF unit. A 2 month trial is reasonable with the claimant having persistent pain. The claimant has returned to work. The request is medically necessary and appropriate.