

Case Number:	CM15-0033663		
Date Assigned:	02/27/2015	Date of Injury:	10/21/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

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 53 year old male who sustained a work related injury on October 21, 2013, after falling off a ladder and suffered a wrist fracture. He underwent an immediate Open Reduction and Internal Fixation (ORIF) of the wrist. He also injured his right shoulder and neck. Treatments included physical therapy, interferential unit, work restrictions, surgery and pain medications. Exam note 1/26/15 demonstrates complaints of swelling in the right hand. No physical examination is noted. On February 10, 2015, a request for an Interferential Unit and supplies 30 to 60 day rental and purchase for the right wrist and a request for physical therapy to the right hand three times per week for four weeks, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies, 30 - 60 day rental and purchase for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation 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-interpretible for recommendation due to poor study design and/or methodologic issues. As there is evidence from the exam note of 1/26/15 that the request is part of a multimodal approach, In addition the guidelines do not support interferential units in this clinical scenario. Therefore, the determination is for non-certification.

Physical therapy to the right hand three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: CA MTUS/Post Surgical Treatment guidelines, Fracture of radius/ulna, page 20 recommends 16 visits over 8 weeks with of those visits initially authorized. There is lack of demonstrated functional improvement in the exam note of 1/26/15 of prior visits or how many visits have been performed postoperatively. Therefore, the determination is for non-certification.