

Case Number:	CM15-0064077		
Date Assigned:	04/10/2015	Date of Injury:	07/17/2009
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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, New York
Certification(s)/Specialty: Internal Medicine

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 46 year old female, who sustained an industrial injury on 7/17/09. The documentation on 2/17/15 noted that the injured worker had severe right hand numbness as well as swelling of the right wrist, tenderness to palpation of the cervical spine as well as upper trapezius and had positive spurlings. The diagnoses have included cervical sprain/strain. The documentation noted that the injured worker has had a spot fluoroscopic images followed by overhead abdominal radiographs. Several documents within the submitted medical records are difficult to decipher. The request was for interferential home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) home unit is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with the right upper extremity radiculopathy; right wrist/forearm tend/CTS; status post cyst excision. The documentation is a check the box and fill in the blank format. ICS is not recommended as an isolated intervention. The injured worker is not receiving physical therapy according to the documentation. A passive modality (chiropractic treatment) is being continued. On the progress note dated February 17, 2015, subjectively, the worker has right hand numbness and swelling of the right wrist. On the treatment section, there is a checkbox checked for an interferential unit. There is no clinical indication for the ICS unit. There is no one-month clinical trial documented in the medical record. Additionally, there are no Patient Selection Criteria documented by the treating physician for the ICS unit to be determined medically necessary. Consequently, absent clinical documentation with a one-month clinical trial, anatomical regions with which to apply the ICS unit and a clinical indication for the ICS unit, Interferential unit (ICS) home unit is not medically necessary.