

Case Number:	CM15-0065018		
Date Assigned:	04/13/2015	Date of Injury:	04/04/2011
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female, who sustained an industrial injury on April 4, 2011. The injured worker was diagnosed as having medial epicondylitis, overuse syndrome and myofascial pain. Treatment and diagnostic studies to date have included elbow surgery and medication. A progress note dated March 3, 2015 provides the injured worker complains of right elbow and arm pain with numbness and tingling in the hand. Pain is rated 2-3/10 with medication. Physical exam notes full range of motion (ROM) and 5/5 strength of right elbow. The plan includes oral medication, activity as tolerated and interferential stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Interferential stimulator unit for right upper extremity, 30 day trial with purchase of conductive garment and electrodes: Upheld

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

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

Decision rationale: The MTUS discusses the use of Interferential Current Stimulation (ICS) in detail. The guidelines do not recommend ICS 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 patient is having predominantly elbow and upper extremity pain, which are not directly addressed by the guidelines. Per the provided documents, the patient is only being treated with Naproxen and there are no notes indicating side effects or lack of success in treatment with NSAIDs. As the provided documents do not clearly indicate that other modalities (physical therapy, home exercise, return to work, etc.) have been prioritized and utilized, the request is not medically necessary based on the guidelines.