

Case Number:	CM15-0070217		
Date Assigned:	04/20/2015	Date of Injury:	02/27/2015
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 47 year old male, who sustained an industrial injury on February 27, 2015. He reported continuous trauma injury dating from approximately 2010 when he noted the onset of bilateral elbow, bilateral forearm, wrist, and hand pain secondary to repetitive typing and data entry. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral elbow medial epicondylitis and olecranon bursitis with associated probable cubital tunnel syndrome, bilateral forearm flexor tenosynovitis, and bilateral wrist sprain with probable carpal tunnel syndrome. Treatment to date has included medication. Currently, the injured worker complains of neck pain, low back pain, and bilateral elbow, forearm, wrist, and hand pain with associated numbness and tingling. The Doctor's First Report of Occupational Injury or Illness dated March 23, 2015, noted the physical examination showed tenderness to palpation with associated slight to moderate muscle guarding and spasm over the cervical spine paravertebral musculature bilaterally, with Axial Compression test and Spurling's maneuver eliciting increased neck pain. Examination of the bilateral elbows was noted to show tenderness to palpation over the bilateral olecranon processes and bilateral medial epicondyles, with bent elbow test and Tinel's sign over the cubital tunnel positive bilaterally for migrating paresthesias extending to the fourth and fifth digits of the bilateral hands. Tenderness to palpation was noted over the distal aspect of the forearm flexor muscle groups and tendons without localization in specific joint. Tinel's sign and Phalen's tests were noted to be positive bilaterally at the wrists with migrating paresthesias to the thumb and index finger of the bilateral hands. Tenderness to palpation with associated slight to moderate muscle

guarding and spasm was noted to be present over the lumbar spine paravertebral musculature. The treatment plan was noted to include requests for authorization for electromyography (EMG)/nerve conduction velocity (NCV) studies of the bilateral upper extremities, physical therapy, orthopedic wrist brace, an interferential electrical muscle stimulation unit, and an ergonomic workplace evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interferential electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines, interferential stimulation.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. There is no rationale for purchase and there is no documentation of a successful trial. ICS is not medically necessary.