

Case Number:	CM15-0072887		
Date Assigned:	04/23/2015	Date of Injury:	11/19/2012
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: Physical Medicine & Rehabilitation

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 33 year old male, who sustained an industrial injury on November 19, 2012. The injured worker was diagnosed as having carpal tunnel syndrome, lesion of ulnar nerve and unspecified disorder shoulder joint. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), cubital tunnel release, carpal tunnel release, shoulder surgery and medication. A progress note dated March 2, 2015 provides the injured worker complains of left shoulder pain with numbness of the arm. Physical exam notes painful decreased range of motion (ROM) with positive Tinel's of elbow and wrist. The plan includes surgery and durable medical equipment (DME).

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 interferential unit with garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 - 120.

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

Decision rationale: This patient presents with continued left shoulder, left elbow and left wrist pain. The current request is for MEDS 4 INTERFERENTIAL UNIT WITH GARMENT PURCHASE. The Request for Authorization is dated 03/02/15. Treatments to date have included medications, physical therapy, left cubital tunnel release (May 2013), left carpal tunnel release (December 2012) and left shoulder surgery on 07/29/14. The patient is currently working modified duty. For interferential current stimulation, the MTUS Guidelines page 118-120 state that "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." Interferential stimulation units are recommended in cases where: 1.) Pain is ineffectively controlled due to diminished effectiveness of medications, 2.) Pain is ineffectively controlled with medication due to side effects, or 3.) History of substance abuse, or 4.) Significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or 5.) Unresponsive to conservative measures including repositioning, ice/heat, etc. According to treatment report 03/02/15, the patient presents with positive Tinel's at the left elbow and left wrist with hypersensitivity to light touch. There is numbness and burning sensation in the ulnar distribution of the left forearm/hand. He continues to use medications including Norco, Ultram and Wellbutrin. The treating physician states that "based on clinical examination findings, it would appear appropriate to consider revision left carpal tunnel release procedure at this time." A request was made for "MEDS-4 Interferential unit w garment." The treating physician does not provide a rationale for this request. It appears to be for post-operative use following the recommended surgery. In this case, the patient does not meet the criteria for an IF unit. One of the criteria for the use of an IF unit is significant post-operative pain; however, the surgery has not yet been authorized. In addition, there is no documentation of substance abuse, ineffective medications, or unresponsiveness to conservative measures. MTUS also only recommends a conductive garment under special circumstances. The requested IF unit IS NOT medically necessary.