

Case Number:	CM15-0091114		
Date Assigned:	05/15/2015	Date of Injury:	01/02/2011
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 1/02/2011. He reported acute onset of right elbow and wrist pain from repetitive activity. Diagnoses include post-operative right wrist internal derangement, right TFCC tear; scapholunate tear, secondary sleep deprivation, right lateral epicondylitis, compensatory left wrist strain, and stress, anxiety and depression. Treatments to date include activity modification, wrist splint, physical therapy, acupuncture treatments. Currently, he complained of ongoing right wrist pain and weakness associated with numbness in the fingertips. There was right upper extremity pain over the elbow and shoulder. Left wrist elbow pain noted as progressively worsening from overcompensation associated with burning sensation into the fingers. On 3/24/15, the physical examination documented positive left wrist Tinel's test. The right wrist had multiple positive tests including modified Phalen's, Tinel's, Finkelstein, and Palmar snuff box tenderness. There was decreased strength noted in bilateral wrists. The plan of care included an Interferential (IF) unit and supplies including adhesive wipes, batteries, electrodes and lead wire for purchase. This request was previously modified to allow the IF unit and supplies for a thirty day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Units (IF) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), IF stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: ACOEM Guidelines state that passive neurostimulative devices have poor clinical evidence of efficacy. In addition, physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, TENS units and biofeedback have no scientifically proven efficacy in treating acute hand, wrist or forearm symptoms. ACOEM also state in regard to interferential therapy, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy." Thus according to the guidelines, interferential therapy is not recommended or medically necessary.

Supplies: Electrodes, batteries, adhesive wipes, lead wire: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request is for supplies (electrodes, batteries, adhesive wipes and lead wires) for an interferential unit. Since the request for the IF unit has been deemed not medically necessary, the request for supplies for the unit is also not medically necessary according to the rationale provided for denial of the IF unit.