

Case Number:	CM15-0093108		
Date Assigned:	05/19/2015	Date of Injury:	02/05/2004
Decision Date:	06/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, California
 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:

This is a 57-year-old female patient who sustained an industrial injury on 02/05/2004. The diagnoses included bilateral DeQuervain's tendonitis. Per the doctor's note dated 4/24/2015, she had worsening pain. The physical examination revealed positive Tinel's, Phalen's and Finkelstein's tests. The medications list includes ultracin lotion. The diagnostics included electromyographic studies/nerve conduction velocity studies on 1/29/15, which revealed bilateral carpal tunnel syndrome. She has undergone right and left carpal tunnel release in 2005. She has had bilateral wrist injections with short-term relief. She has had acupuncture and Interferential stimulator for this injury. The treatment plan included Interferential stimulator supplies and Bilateral wrist de Quervain's injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator supplies only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Transcutaneous electrotherapy.

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

Decision rationale: Request: Interferential stimulator supplies only. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "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." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)."There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. Patient was using Interferential stimulator. Response in terms of decreased medications need and increased functional improvement is not specified in the records provided. The medical necessity of Interferential stimulator supplies only is not fully established for this patient at this juncture.

Bilateral wrist de Quervain's injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Bilateral wrist de Quervain's injection under ultrasound guidance. Per the ACOEM guidelines, "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered."Failure of conservative therapy including pharmacotherapy and splint for this diagnosis is not specified in the records provided. In addition, patient had bilateral wrist injections in the past with short-term relief. The medical necessity of Bilateral wrist de Quervain's injection under ultrasound guidance is not fully established for this patient.

