

Case Number:	CM15-0099666		
Date Assigned:	06/02/2015	Date of Injury:	02/09/2011
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management, 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 55-year-old female, with a reported date of injury of 02/09/2011. The diagnoses include first extensor tenosynovitis bilaterally, worse on the left with inflammation of scapho-metacarpal junction on the left and triggering of the A1 pulley of the thumb on the left. Treatments to date have included x-ray of the left finger on 03/06/2013, electrodiagnostic studies on 03/18/2013, right middle and ring finger A1 pulley releases on 01/09/2014, hand therapy, injections, oral medications, and braces (soft, rigid, and carpal tunnel). The medical report dated 05/06/2015 indicates that the injured worker had persistent right wrist pain, left wrist pain, and left hand pain. The objective findings include tenderness along the base of the wrists bilaterally more so on the first extensor on the left than the right. The treating physician requested an IF (interferential) unit, a muscle stimulator, and TENS (transcutaneous electrical nerve stimulation) unit with conductive garment to use in addition to home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-120.

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

Decision rationale: MTUS 2009 states that interferential electrical stimulation is not recommended as an isolated intervention. The leads are typically applied to the skin surface and the reported mechanism is habituation of the nervous system with relaxation of the muscles. The patient is diagnosed with painful trigger fingers. The mechanism by which interferential stimulation will control the pain associated with triggering is not described in the medical records. Evidence based guidelines do not support the use of interferential stimulation as an isolated intervention for any diagnosis. This request for interferential stimulation is not medically necessary.

Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 121.

Decision rationale: MTUS 2009 recommends against neuromuscular electrical stimulation. It has only been used in stroke patients in an attempt to rehabilitate atrophied or weakened muscles. The patient is diagnosed with trigger fingers. The medical records do not explain why it is requested in this case or how it will be helpful. The use of muscle stimulation is not supported by MTUS 2009 and is not medically necessary.

TENS unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: MTUS 2009 states that a TENS unit with a garment is only indicated when there is a large surface area that cannot be covered by a conventional array of leads. TENS is not recommended for use but has been used for neuropathic pain and chronic pain in larger body parts. The patient is diagnosed with trigger fingers and placing the lead electrodes on the palm, wrist and hand would interfere with functional activities. A TENS with garment is not medically necessary since the affected area is small and there is no clinical indication for any type of TENS use in this case.