

Case Number:	CM13-0013541		
Date Assigned:	06/06/2014	Date of Injury:	02/26/2013
Decision Date:	07/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 2/26/13. The 5/24/13 medical report identifies pain to the right wrist and hand with a bump on the wrist. The patient still has pain to the nose. There is less spasm and swelling, improving with therapy. On exam, there is tenderness to the right volar carpal ligament with a ganglion cyst, and right dorsal hand positive Tinel's and Phalen's tests, with decreased range of motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prine dual transcutaneous electrical nerve stimulation - neuro muscular stimulator:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114-121.

Decision rationale: Regarding the request for a Prime Dual stimulator, this device utilizes Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES). The California MTUS notes state that, with regard to TENS, purchase is only supported after a one-month trial period of the TENS unit with documentation of how often the

unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit has been submitted. Regarding NMES, it is not recommended, as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no documentation of a successful TENS trial as outlined above. Regarding the NMES component, there is no documentation of a history of stroke or another clear rationale for its use despite the lack of support for its use in chronic pain from the California MTUS. In light of the above issues, the currently requested Prime Dual stimulator is not medically necessary.