

<b>Case Number:</b>	CM13-0022172		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio, and Texas. 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 physician 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:

The patient is a 49-year-old female who reported an injury on 02/07/2012. The mechanism of injury was not provided. The patient's diagnosis was noted to be status post cubital tunnel syndrome. The request was made for hand rehab kit, EMS unit, electrodes times 10, batteries times 10, and set up and delivery fee for right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand rehab kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, DME.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS and ACOEM Guidelines do not address durable medical equipment. The Official Disability Guidelines recommend durable medical equipment if it meets Medicare's definition of durable medical equipment including that it can withstand repeated use, as in could normally be rented

and used by successive patients; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to provide what exact items were being requested. Given the lack of documentation, per the requested hand therapy kit, without indicating what exactly was being requested, the request for the durable medical equipment, miscellaneous, is not medically necessary.

**EMS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 120.

**Decision rationale:** The Physician Reviewer's decision rationale: The clinical documentation submitted for review indicated per the prescription that this was an EMS unit. The unit is also called an NMES unit, therefore the NMES guideline was applied. California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. Clinical documentation submitted for review failed to provide the necessity for the requested treatment. Given the above, the request for an EMS unit, unspecified whether purchase or rental, unspecified duration of care, is not medically necessary.

**Electrodes x 10:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Batteries x 10:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary

**Set up and delivery fee for right hand:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.