

<b>Case Number:</b>	CM13-0027143		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

This 33 year old female, loader, stated that beginning from December of 2010, she stated sustaining injuries due to her industrially related duties. She recalled working with a higher volume of loading and longer work hours as it was peak season. She stated that she was working at a fast pace while loading boxes onto trucks. The patient reported her symptoms to her employer and requested a rest period. However, her symptoms persisted and she was referred to the company doctor a week later. She was seen at [REDACTED] where she was examined and x-rays were taken. Medications were prescribed and she was issued bilateral wrist braces. She received a course of physical therapy which she attended on five occasions. This included electrical muscle stimulation and therapeutic exercises. Acupuncture was ordered but was not authorized. The patient was given restrictions for no lifting greater than 10 pounds with intermittent breaks. However, no modified duties were made available to her and she continued at her regular duties. The patient retained the services of an attorney and was referred to [REDACTED]. She was examined and treated with acupuncture on 12 occasions. She was advised to use a paraffin bath at home. She was given bilateral wrist braces and received a cortisone injection into the left wrist. However, she developed an allergic reaction and no further injections were administered. She was considered temporarily totally disabled. Electrodiagnostic studies of both upper extremities were performed. These showed abnormalities including borderline right carpal tunnel syndrome. She was advised that she was a surgical candidate with regard to her right wrist/hand condition. The patient stated that she was terminated from her employment approximately two months following her injury due to an argument she had with a job site security guard. She is continuing to see [REDACTED] on a monthly basis. At Final Determination Letter for IMR Case

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthostim4 unit with supplies (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current stimulation Page(s): 118.

**Decision rationale:** According to Chronic Pain Medical Treatment guidelines, MTUS (effective July 18, 2009), page 118 of 127, Inferential 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Since ICS therapy is considered investigational, and not recommended as an isolated intervention, any other material including and supplies used in facilitating this type of treatment is not medically necessary.