

<b>Case Number:</b>	CM13-0028483		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopedic Surgery 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:

The records indicate that the patient sustained a crush type injury to the thumb on 03/30/13. She subsequently underwent thumb surgery on 04/06/13. Specifically, she underwent an irrigation and debridement and was treated with antibiotics. She has reported persistent pain, though her exam has demonstrated no atrophy or swelling according to the records reviewed. The records suggest no pain with motion and no ligamentous laxity. Her previous thenar infection was reported to be resolved as of 07/15/13. The patient has since reported hypersensitivity, pain, and on electrical stimulator with associated electrodes, lead wire, an adaptor, and installation has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes, 8 pair per month for 5 months rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

**Decision rationale:** The requested electrical stimulator cannot be recommended as medically necessary. Records suggest that the patient's complaints of pain and hypersensitivity are not

associated with objective findings of a condition that would be expected to improve with electrical stimulation. California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. Even in a non-recommendation setting, guidelines suggest that patients have an effective pain control due to diminished effectiveness of the medications or pain from postoperative conditions limiting the ability to perform physical therapy treatment. Even in this setting, only a one month trial is determined to be appropriate. The requested purchase and associated materials cannot be recommended as medically necessary for all of these reasons as the request does not meet California MTUS Guidelines.

**Leadwires (#2) 1 x fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

**Decision rationale:** The requested electrical stimulator cannot be recommended as medically necessary. Records suggest that the patient's complaints of pain and hypersensitivity are not associated with objective findings of a condition that would be expected to improve with electrical stimulation. California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. Even in a non-recommendation setting, guidelines suggest that patients have an effective pain control due to diminished effectiveness of the medications or pain from postoperative conditions limiting the ability to perform physical therapy treatment. Even in this setting, only a one month trial is determined to be appropriate. There requested purchase and associated materials cannot be recommended as medically necessary for all of these reasons as the request does not meet California MTUS Guidelines.

**Adapter 1 x fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 119.

**Decision rationale:** The requested electrical stimulator cannot be recommended as medically necessary. Records suggest that the patient's complaints of pain and hypersensitivity are not associated with objective findings of a condition that would be expected to improve with electrical stimulation. California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. Even in a non-recommendation setting, guidelines suggest that patients have an effective pain control due to diminished effectiveness of the medications or pain from postoperative conditions limiting the ability to perform physical therapy treatment. Even in this setting, only a one month trial is determined to be appropriate. There requested purchase and associated materials cannot be recommended as medically necessary for all of these reasons as the request does not meet California MTUS Guidelines.

**Installation 1 x fee:** 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 Interferential Current Stimulation (ICS) Page(s): 119.

**Decision rationale:** The requested electrical stimulator cannot be recommended as medically necessary. Records suggest that the patient's complaints of pain and hypersensitivity are not associated with objective findings of a condition that would be expected to improve with electrical stimulation. California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. Even in a non-recommendation setting, guidelines suggest that patients have an effective pain control due to diminished effectiveness of the medications or pain from postoperative conditions limiting the ability to perform physical therapy treatment. Even in this setting, only a one month trial is determined to be appropriate. There requested purchase and associated materials cannot be recommended as medically necessary for all of these reasons as the request does not meet California MTUS Guidelines.

**Solace Multi Stem Unit 5 months rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recent studies.

**Decision rationale:** The requested electrical stimulator cannot be recommended as medically necessary. Records suggest that the patient's complaints of pain and hypersensitivity are not associated with objective findings of a condition that would be expected to improve with electrical stimulation. California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. Even in a non-recommendation setting, guidelines suggest that patients have an effective pain control due to diminished effectiveness of the medications or pain from postoperative conditions limiting the ability to perform physical therapy treatment. Even in this setting, only a one month trial is determined to be appropriate. There requested purchase and associated materials cannot be recommended as medically necessary for all of these reasons as the request does not meet California MTUS Guidelines.