

Case Number:	CM13-0029993		
Date Assigned:	11/27/2013	Date of Injury:	06/12/2006
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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.

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 claimant is a 56-year-old male with a reported date of injury of 07/25/2012. The mechanism of injury is described as having his hand crushed while performing his duties as a truck operator. He crushed his right middle finger while pulling debris out of a truck. The truck door had come down, striking his middle finger. He was seen on 09/18/2012 with complaints of his right long finger being tender and stiff. He was also able to use the long and index finger for pressing buttons on his automated truck. There was thickening of the DIP joint of the right long finger with a small nodule seen at the ulnar aspect of the left 3rd long finger; slightly decreased strength on the right as compared to the left. He had a negative Tinel's sign at the wrist and negative Tinel at the wrist at the elbow. He returned on 09/24/2013 and it was noted that he had retired but was still using medications in the form of metformin, potassium, Atorvastatin, and Lisinopril. Diagnoses included metabolic syndrome, left ankle sprain, plantar fasciitis, heel spur, chronic peroneal and posterior tibial tendonitis, and request going forward was to provide a TENS unit with supplies and equipment including electrodes, replacement batteries, adhesive removal wipes, lead wires, electrodes, and battery packs

IMR ISSUES, DECISIONS AND RATIONALES

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

One OrthoStim 4 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
TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified.

Four (4) electrodes, pair: 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
TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated

09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Six (6) replacement batteries: 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 TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG) triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Eight (8) adhesive remover wipes: 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 TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit

was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Two (2) Tt3-lead wire between: 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 TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable

and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Four (4) electrodes, per pair: 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 TENS/NMES Page(s): 114-121..

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Six (6) battery power packs: 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 TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

Eight (8) adhesive remover wipes: 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 TENS/NMES Page(s): 114-121.

Decision rationale: MTUS chronic pain guidelines state in regards to TENS, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In regards to NMES, MTUS Chronic pain guidelines state "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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." The records provided for this review fail to indicate this claimant is currently involved in a physical rehab program for which a TENS unit would be considered as a reasonable adjunct. The records indicate this request exceeds the recommended 1 month trial of a TENS unit. An NMES unit is not recommended per MTUS Chronic Pain Guidelines. The most recent record is dated 09/24/2013 and therefore, the current status of this claimant is unknown and/or not provided for this review. Therefore, it is not indicated that he would have significant discomfort for which this unit might be considered reasonable. This request exceeds guideline recommendations and is non-certified. As the unit itself is not considered reasonable and necessary, the supplies are not considered reasonable and necessary either, therefore this request is non-certified.

