

<b>Case Number:</b>	CM13-0030491		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational 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 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:

The applicant has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of January 16, 2013. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of chiropractic manipulative therapy; and reported diagnosis with carpal tunnel syndrome. In a Utilization Review Report dated August 28, 2013, the claims administrator denied a request for a neuro-stimulator three-month rental, electrodes, and conductive garment. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2013, the applicant was described as reporting persistent hand pain with associated numbness and tingling. The applicant exhibited positive Tinel's and Phalen's signs to the right wrist with 5/5 upper extremity strength appreciated. The applicant was described as having hyposensorium about the right hand digits. Eight sessions of chiropractic manipulative therapy and an orthopedic referral were sought while the applicant was given work restrictions. It did not appear that the applicant was working with said limitations in place. In an earlier note of July 31, 2013, the attending provider suggested an orthopedic follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**Decision rationale:** The electrodes in question represent an adjunct to the neuromuscular stimulator device proposed below. Since that request has been deemed not medically necessary, the associated electrodes are also not medically necessary.

**CONDUCTIVE GARMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**Decision rationale:** The conductive garment in question is intended to be employed alongside the neuromuscular stimulator. Since that item has been denied, the associated conductive garment is also not medically necessary.

**NEUROMUSCULAR STIMULATOR 3 MONTH RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Page(s): 121.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended in the chronic pain context present here. Neuromuscular stimulation is not recommended outside of the post stroke rehabilitative context. In this case, however, there is no mention that the applicant previously sustained a stroke. Therefore, the request for the neuromuscular stimulator three-month rental is not medically necessary.