

Case Number:	CM13-0035716		
Date Assigned:	12/13/2013	Date of Injury:	07/17/2013
Decision Date:	04/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 & Rehabilitation, 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 32 year-old female sustained an injury on 7/17/13 while employed by [REDACTED]. Requests under consideration include ART MEDS 3 NEUROSTIMULATOR FOR RENTAL 90 DAYS. Report of 9/18/13 from the Chiropractic provider noted patient with complaints of bilateral wrist pain with tingling in the hands; neck and bilateral shoulder pain with headaches; and sleep disturbances. Exam showed decreased range in bilateral wrists; Phalen's, Tinel's and Finkelstein's positive bilaterally; cervical spine range decreased with positive distraction/compression testing; muscular guarding throughout paracervical musculature. Diagnoses included bilateral carpal tunnel syndrome; bilateral DeQuervain's stenosing tenosynovitis; cervical strain/myofascial pain syndrome. Treatment plan included chiropractic therapy, electrodiagnostic testing of upper extremities and Art Med 3 neurostimulator. Request for the Neurostim rental of 90 days was non-certified on 10/3/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART MEDS 3 NEUROSTIMULATOR FOR RENTAL 90 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Neuromuscular electrical stimulation (NMES) devices

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: This employee sustained an injury on 7/17/13 while employed by [REDACTED]. Requests under consideration include ART MEDS 3 NEUROSTIMULATOR FOR RENTAL 90 DAYS. Diagnoses included bilateral carpal tunnel syndrome; bilateral DeQuervain's stenosing tenosynovitis; cervical strain/myofascial pain syndrome. According to the MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It does not appear the employee has received complete trial of conservative treatment to include medications, multiple therapy modalities and injections nor have reports adequately demonstrated failed treatment trial with functional status remaining TTD (temporary totally disabled) and pain relief unchanged. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the neurostimulator unit. There is no evidence for change in work status, increase in ADLs, decreased VAS (visual analog scale) score, medication usage, or treatment utilization from the conservative treatment already rendered for this request of Neurostim unit rental for 3 months, outside guidelines' recommendation for 30-day trial. The ART MEDS 3 NEUROSTIMULATOR FOR RENTAL 90 DAYS is not medically necessary and appropriate.