MAXIMUS Federal Services

Case Number:	CM13-0038363		
Date Assigned:	12/18/2013	Date of Injury:	10/14/2009
Decision Date:	02/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, North Carolina, and Virgina. 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 patient is a 29 year old right handed female with a documented date of injury of October 14th, 2009 while working as a laboratory technician -instrumentation analyst, which included repetitive motion. She was noted to have carpal tunnel syndrome and underwent carpal tunnel release on January 17th, 2013. The symptoms of carpal tunnel syndrome were noted to have resolved but continued to complain of pain in the wrist. On February 27, 2013 the patient reported improvement in her numbness. Plan was for continued physical therapy and home OrthoStim4 unit. Patient reported that the OrthoStim unit helped to control her wrist pain. On April 5th, 2013 patient presented with continued pain in the right wrist, and a plan was made for continuing with OS4 unit and a repeat right DeQuervain's injection if not improved. Currently, the patient complains of right wrist and forearm pain. She had undergone 2 steroid injections with improvement after the second injection to the extensor compartment. Examination showed tenderness to palpation of the first compartment and wrist flexor/extensor tendons, and positive Finkelstein's test. She had failed conservative care, including two cortisone injections, bracing, topical and oral medications, and home exercise program. She is allowed to modulate her job activity and change job duties. On 9/27/13 surgery for DeQuervain's was requested as well as purchase of an OrthoStim4 unit with garment. Reason for the OS4 was to treat her chronic pain, increased compliance daily HEP (home exercise program) and to decrease Rx use. However, in the typed request for surgical authorization dated September 30, 2013, there is no mention of the need for OS4 and no reasoning given for its necessity. Surgery for DeQuervain's was certified, while request for OrthoStim4 unit and garment was denied, stating: "Chronic Pain MTUS notes that interferential current stimulations and TENS are not recommended as isolated interventions, Galvanic stimulation

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home OS4 unit and garment: PR2 date 9/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): s 148-155.

Decision rationale: The patient is documented to have chronic right wrist pain and a recommendation for surgical correction of the pain by treatment of DeQuervain's tenosynovitis. In addition, the surgeon has requested the OrthoStim4 treatment for her chronic pain. The OrthoStim4 is a device for different types of transcutaneous electrical stimulation. It can be used to provide high volt pulsed current stimulation, neuromuscular stimulation, interferential stimulation, and pulsed direct current stimulation. Thus, this is a combination device and the Chronic Pain Medical Treatment Guidelines addresses different types of stimulation as discussed below: From page 148, TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness (Carroll-Cochrane, 2001). From page 150-151, TENS, for post operative pain (transcutaneous electrical nerve stimulation) is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain (Solak, 2007) (Erdogan, 2005). It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures (Breit, 2004) (Rosenquist 2003). The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. From page 151, galvanic stimulation is not recommended and considered investigational for all indications. Galvanic stimulation is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect. Edema is comprised of negatively charged plasma proteins, which leak into the interstitial space. The theory of galvanic stimulation is that by placing a negative electrode over the edematous site and a positive electrode at a distant site, the monophasic high voltage stimulus applies an electrical potential which disperses the negatively charged proteins away from the edematous site, thereby helping to reduce edema (BlueCrossBlueShield, 2005). From page 152, Interferential 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. While not recommended as