

Case Number:	CM13-0046643		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2012
Decision Date:	03/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/01/2013

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 Texas. 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 26-year-old female who reported injury on 04/24/2012. The mechanism of injury was stated to be a slip and fall upon her wrist. The patient was noted to be status post comminuted fracture of the left distal radius at the radiocarpal distal radioulnar joint, as well closed displaced fracture of the ulnar styloid and disruption of the scaphoid ligament that was status post repair. The patient was noted to have a well healed scar and remaining pain. The request was made for an X-Force stimulator and 3 months supplies for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator & 3 months supplies for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) , chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 116.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried

(including medication) and have failed. There clinical documentation indicated the request was for a minimum of a 30 day trail. There was lack of documentation indicating the patient had trialed and filed other modalities and that the requested service would be used as an adjunct therapy. Given the above, the request for X-Force stimulator and 3 months supplies for the left wrist is not medically necessary.