MAXIMUS Federal Services

Case Number:	CM13-0052629		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2010
Decision Date:	06/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old female with an injury date on 06/26/10. Based on the 07/15/13 progress report provided by [redacted] the patient's diagnosis include cervical/trapezial musculoligamentous sprain/strain, bilateral shoulder periscapular strain/tendinitis/impingement on the right, bilateral cubital tunnel syndrome, bilateral wrist/forearm flexor/extensor tendinitis with carpal tunnel syndrome, emotional complaints, sleep difficulties, aggravation of blood pressure, and gastrointestinal complaints. ON 08/12/13, the patient had a left wrist endoscopic carpal tunnel release, left ulnar nerve release at the elbow, and an application of splint on the left wrist. [redacted] is requesting the following: 1 OrthoStim4 unit for the left elbow and left wrist, 2. One surgical consultation for the left wrist with [redacted]. The utilization review determination begin challenged is dated 10/15/13 and recommends denial of both the OrthoStim4 unit and the surgical consultation. [redacted] is the requesting provider, and he provided treatment reports from 04/30/13- 12/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ORTHO STIM UNIT 4 TO TEH LEFT ELBOW AND LEFT WRIST: Upheld

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

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

Decision rationale: According to the 07/15/13 progress report by [redacted], the patient presents with cervical/trapezial musculoligamentous sprain/strain, bilateral shoulder periscapular strain/tendinitis/impingement on the right, bilateral cubital tunnel syndrome, bilateral wrist/forearm flexor/extensor tendinitis with carpal tunnel syndrome, emotional complaints, sleep difficulties, aggravation of blood pressure, and gastrointestinal complaints. The request is for 1 OrthoStim4 unit for the left elbow and left wrist. Chronic Pain Medical Treatment Guidelines do not support NMES (similar to OrthoStim4, a muscle stimulator) for chronic pain. The Chronic Pain Medical Treatment Guidelines first recommends trying (TENS) transcutaneous electrical nerve stimulation unit, and if it fails, variety of other electrical units are supported including H-wave, interferential units. However, neuromuscular electrical stimulation devices are not recommended. Neuromuscular stimulation units are reserved for management of stroke patients. Given the above the request is not medically necessary.

ONE SURGICAL CONSULTATION FOR LEFT WRIST WITH [redacted]: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 on Independent Medical Examinations and Consultations, (page 127).

Decision rationale: According to the 07/15/13 progress report by [redacted], the patient presents with cervical/trapezial musculoligamentous sprain/strain, bilateral shoulder periscapular strain/tendinitis/impingement on the right, bilateral cubital tunnel syndrome, bilateral wrist/forearm flexor/extensor tendinitis with carpal tunnel syndrome, emotional complaints, sleep difficulties, aggravation of blood pressure, and gastrointestinal complaints. The request is for one surgical consultation for the left wrist with [redacted]. A nerve conduction study completed on 06/07/13 revealed that the patient had ulnar neuropathy across the elbow and symptoms which are consistent with ulnar distribution. ACOEM page 127 states that "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the above the requet is medically necessary.