MAXIMUS Federal Services

Case Number:	CM13-0058831		
Date Assigned:	12/30/2013	Date of Injury:	12/26/2011
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Medicine and is licensed to practice in Arizona. 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 34 year old female with a date of injury on 12/26/2011. The patient has been treated for ongoing symptoms related to her neck, left shoulder, left elbow and left wrist. Diagnoses include cervical sprain, shoulder tendinits/impingement, elbow lateral epicondylitis, and wrist tendinitis. Subjective complaints are of pain and stiffness to the cervical spine, left shoulder and left elbow with worsening pain, numbness, and tingling. Physical exam shows tenderness and decreased range of motion in the affected areas. Electrodiagnostic studies showed moderate to severe left carpal tunnel syndrome, with recommendation for carpal tunnel release. Previous treatments have included, physical therapy, medications, and cortisone injection. The patient was approved for carpal tunnel release and request is for post-operative therapy devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-STIM (PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent Electrical Stimulation Page(s): 120.

Decision rationale: CA MTUS states that microcurrent electrical stimulation is not recommended. Based on the available evidence, conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. For this patient it is unclear what expected benefit would be obtained from this treatment since the efficacy of this modality is not supported. Therefore, due to lack of guideline support for this modality, the medical necessity of an A-Stim device is not established.

HOT/COLD CONTRAST SYSTEM X 60-DAYS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous Cold Therapy

Decision rationale: ACOEM guidelines suggest that physical modalities have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The ODG recommends cold therapy as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. The ODG recommends at-home local applications of cold packs for the first few days of acute complaints; thereafter, applications of heat therapy. For this patient the request is for 60 days of use of the hot/cold contrast system, which exceeds guideline recommendations. Therefore, the use of 60 days of a hot/cold contrast system is not medically necessary.

ARC SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-18.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42.

Decision rationale: CA MTUS does not specifically address a shoulder sling for wrist surgery. It does suggest a sling can be utilized for elbow conditions for up to a week. For this patient, there is no submitted evidence that would support utilizing a shoulder sling for this surgery. Therefore, the medical necessity of a shoulder sling is not established.

COMBO CARE 4 AND SUPPLIES: 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): 114-121.

Decision rationale: The Combo Care 4 is an electrotherapy device that combines TENS, NMES, and IF therapies into one unit. CA MTUS suggests that TENS can be used post-operatively for up to 30 days. For NMES, CA MTUS states it is not recommended as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. For IF therapy, CA MTUS does not recommend it as an isolated intervention, and in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential Current Stimulation for treatment of these conditions. Therefore, as the efficacies of some components of this device are not supported, the entire unit is not medically necessary.