

<b>Case Number:</b>	CM13-0060213		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & 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 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 injured worker is a 67-year-old male who reported an injury on 09/20/2011 after repetitive trauma that reportedly caused injury to the bilateral hands. The injured worker's treatment history included physical therapy, surgical intervention, and postoperative physical therapy. The injured worker was evaluated on 09/20/2013. It was documented that the injured worker had a 4 cm well-healed scar on the bilateral elbows with 2+ tenderness to palpation over the medial epicondyle bilaterally and 1+ crepitus of the right elbow and right shoulder. It was documented that examination of the wrist and hands revealed well-healed carpal tunnel and Guyon's release scars bilaterally with a positive Tinel's sign and Phalen's sign with 2 to 3+ tenderness over the palmar aspect of the bilateral wrists; 1+ crepitus of the right wrist. The injured worker's diagnoses included bilateral carpal tunnel release, bilateral Guyon's release, and bilateral ulnar transpositions in 12/2012. The injured worker's treatment plan included a 4-stimulator combo care unit in combination with a home exercise program to assist with pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME request for Combo Care Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, Interferential Current Stimulation (ICS), and neuromuscular electrical stimulation (N.

**Decision rationale:** The requested DME request for a combo care stimulator is not medically necessary or appropriate. This is a combination electrical stimulator with a TENS unit, NMS unit, and interferential unit. California Medical Treatment Utilization Schedule recommends a trial of a TENS unit as an adjunct treatment to active functional restoration. There is no documentation the injured worker has already undergone a clinical trial of a TENS unit to support the purchase of this type of equipment. Additionally, an interferential unit is recommended by California Medical Treatment Utilization Schedule when an injured worker is recalcitrant to medication management and requires additional therapy. California Medical Treatment Utilization Schedule also recommends a clinical trial of an interferential unit prior to the purchase of this type of unit. The clinical documentation submitted does not provide any evidence that the injured worker is not responsive to medications or that medications are contraindicated for the injured worker. Additionally, there is no documentation of a clinical trial of an interferential unit. Also, the requested unit has a neuromuscular stimulator. California Medical Treatment Utilization Schedule does not recommend this type of unit in the management of chronic pain. It is primarily used as an adjunct treatment in the rehabilitation of a stroke patient. There is no documentation that the injured worker is a stroke patient. Therefore, the use of this combo care stimulator unit is not supported by guideline recommendations. As such, the requested DME request for the combo care stimulator is not medically necessary or appropriate.