

Case Number:	CM13-0068685		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2006
Decision Date:	06/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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:

This patient is a 51-year-old male with date of injury of 10/03/2006. The listed diagnoses per [REDACTED] dated 12/09/2013 are: Left wrist and left elbow carpal tunnel syndrome; Other infections of the shoulder region, not elsewhere classified; Disorders of the bursae and tendons in the shoulder region, unspecified; and, Lumbosacral joint ligament sprain. According to the handwritten report dated 10/30/2013 by [REDACTED], therapy is helping postop. The rest of the report was illegible. The Utilization Review denied the request on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBO CARE 4 ELECTROTHERAPY (TENS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, 264

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMBO CARE UNIT Neuromuscular electrical stimulation (NMES devices)(p121) Not recommended..

Decision rationale: This patient presents with left carpal tunnel syndrome, shoulder and back pain. The treater is requesting Combo Care 4 electrotherapy. The ComboCare 4 electrotherapy unit is a combination of electrotherapy with ultrasound therapy. The MTUS Guidelines page

121 on neuromuscular electrical stimulation (NMES) devices states, "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." The requesting report was not made available to verify the rationale behind the request. In this case, MTUS does not recommend NMES for the treatment of chronic pain. MTUS support TENS, H-wave, IF units for various diagnosis and clinical situation but does not discuss these "combo" units. Recommendation is for denial.