MAXIMUS Federal Services

Case Number:	CM13-0069757		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2013
Decision Date:	03/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 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:

According to the records made available for review, this is a 25-year-old male with a 5/2/13 date of injury. At the time of request for authorization for Electrodes (qty 8 pair per month) for 5 months A4595; Leadwires (qty 2) A4557 1 x fee, Adaptor 1 x fee, and Solace Multi Stim Unit 5 months rental E1399, there is documentation of subjective (pain over the right thumb) and objective (increased and painful range of motion of right thumb) findings, current diagnoses (right thumb fracture), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim Unit 5 months rental E1399: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index , Forearm, Wrist, and Hand, TENS (11th edition online version)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265;31,Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) .and Interferential Current Stimulation (ICS.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, based on guidelines and a review of the evidence, the request for Solace Multi Stim Unit 5 months rental E1399 is not medically necessary.

Leadwires (qty 2) A4557 1 x fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index , Forearm, Wrist, and Hand, TENS (11th edition online version)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265;31,Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) .and Interferential Current Stimulation (ICS.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, based on guidelines and a review of the evidence, the request for Leadwires (qty 2) A4557 1 x fee is not medically necessary.

Adaptor 1 x fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index , Forearm, Wrist, and Hand, TENS (11th edition online version)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265;31,Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) .and Interferential Current Stimulation (ICS.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, based on guidelines and a review of the evidence, the request for Adaptor 1 x fee is not medically necessary.

Electrodes (qty 8 pair per month) for 5 months A4595: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index , Forearm, Wrist, and Hand, TENS (11th edition online version)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265;31,Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-120.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, based on guidelines and a review of the evidence, the request for Electrodes (qty 8 pair per month) for 5 months A4595 is not medically necessary.