

Case Number:	CM13-0070485		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2006
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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:

According to report dated 10/22/2013, the patient presents with wrist and elbow pain. It was noted the patient is doing fairly well and the pain is rated as 3/10. The patient is wearing a right wrist brace and doing less work. She also has pain in her right elbow. Examination of the wrist reveals full range of motion without any problems. Motor strength is 5/5 in the bilateral upper extremities. The request is a rental of [REDACTED] NexWave unit and purchase of supplies. The medical file does not provide a request for authorization or progress report that discusses the recommendation of this unit. Utilization review is dated 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR RENTAL OF [REDACTED] NEXWAVE UNIT AND PURCHASE OF SUPPLIES, DOS 9/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114.

Decision rationale: This patient presents with wrist and elbow pain. The treating physician is requesting a [REDACTED] NexWave unit and supplies. [REDACTED] NexWave unit incorporates IFC, TENS, and NMES in one device. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication and limited evidence of improvement on those recommended treatments alone." Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. "NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, this patient does not meet any of the indications for all three units. The request is neither medically necessary nor appropriate.