MAXIMUS Federal Services

Case Number:	CM14-0005073		
Date Assigned:	02/05/2014	Date of Injury:	08/23/2012
Decision Date:	07/14/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/14/2014

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, 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 patient is a 30-year-old female who has submitted a claim for neck sprain/strain, bicipital tenosynovitis, thoracic outlet syndrome, carpal tunnel syndrome, and De Quervain's tenosynovitis associated with an industrial injury date of 8/23/12. Medical records from 2013 were reviewed. The patient complained of recurrent swelling of both hands, as well as numbness, weakness, and tingling sensation. The patient likewise experienced cervical pain radiating to the right arm described as stabbing, burning, and shooting, graded 5/10 in severity. This resulted in difficulty with pushing, pulling, grasping, lifting, cleaning, driving, and grooming. Physical therapy and acupuncture provided benefit at approximately 40% to 80%. The patient likewise complained of muscle spasms and cramps. Physical examination revealed palpable trigger points at the cervical scapular region and the upper extremities along the brachioradialis. Motor strength of bilateral upper extremities was graded 4+/5. Treatment to date has included a functional restoration program, physical therapy, acupuncture, cognitive behavioral therapy, and medications such as Norco, cyclobenzaprine, and ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXWAVE (IFC/TENS/NMES) RENTAL OR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118-120, 121.

Decision rationale: Nexwave is a combination of interferential current stimulation, TENS, and NMES. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention, but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done, given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient has persistent cervical pain radiating to the right upper extremity despite physical therapy, acupuncture, and intake of medications. However, the medical records submitted for review failed to provide a rationale for this request. The most recent progress report, dated 12/19/13, did not document that patient is actively participating in a home exercise program, given that her functional restoration program was already completed. The use of electrotherapy should be used in conjunction with exercise. Guideline criteria were not met. Moreover, the request failed to specify the duration of use and if the device is for rental or purchase. As such, the request is not medically necessary.