MAXIMUS Federal Services

Case Number:	CM14-0012374		
Date Assigned:	02/21/2014	Date of Injury:	10/21/2012
Decision Date:	08/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery 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 36-year-old male with a 10/21/12 date of injury, due to repetitive work. The 10/22/13 progress note described persistent pain in the right wrist. The 8/12/13 note described bilateral wrist, mid and low back pain, as well as difficulty sleeping. Clinically, there was tenderness at the wrists, tenderness in the mid and low back with reduced range of motion. The patient was noted to not be at MMI. Interferential unit, MRI scans, medication treatment, and chiropractic treatment were requested. The 5/10/13 note documented current medications include Naprosyn, Flexeril, and Norco. The diagnosis is sprain/strain of the right wrist. Treatment to date has included steroid injection, cast, activity modification, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE RENTAL SOLACE MULTI-STIM UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 114-116, 18, 120.

Decision rationale: Medical necessity for the requested multi stim unit is not established. There is no discussion of a trial of a TENS unit, with reduction in pain and functional improvement. There is no discussion n of the use of the multi stim unit as an adjunct treatment. Furthermore, there is no discussion regarding the necessity of a stimulation unit with multiple modalities, instead of a simple TENS unit.

PURCHASE E-STIM ELECTRODES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 114-116, 18, 120.

Decision rationale: Medical necessity for the requested multi stim unit is not established. The associated request for e-stim electrodes is also not established.

RENTAL MULTI STIM UNIT LEAD WIRES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 114-116, 18, 120.

Decision rationale: Medical necessity for the requested multi stim unit is not established. The associated request for lead wires is also not established.

RENTAL MULTI STIM UNIT AC ADAPTOR FOR (RIGHT WRIST SPRAIN/STRAIN): Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 114-116, 18, 120.

Decision rationale: Medical necessity for the requested multi stim unit is not established. The associated request for multi stim unit AC adaptor is also not established.