MAXIMUS Federal Services

Case Number:	CM14-0012621		
Date Assigned:	02/21/2014	Date of Injury:	12/04/2013
Decision Date:	07/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for cervical spine, thoracic spine, lumbar spine musculoligamentous sprain/strain, left lateral epicondylitis, bilateral shoulder strain/tendinitis/impingement, bilateral wrist/forearm tendinitis with bilateral carpal tunnel syndrome and right de Quervain's tenosynovitis, bilateral knee sprain with patellofemoral arthralgia, bilateral ankle sprain, associated with an industrial injury date of December 4, 2013.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating to bilateral upper extremities, mid back pain, shoulder pain, low back pain, bilateral elbow/forearm pain, bilateral wrist/hand pain, bilateral knee pain, bilateral ankle/foot pain, stomach pain, sleeping difficulties, headaches, anxiety and depression. Physical examination revealed tenderness over the paraspinal muscles and upper trapezial musculature bilaterally with muscle spasm present. Axial compression test produced localized pain. Cervical spine range of motion was limited. Thoracic spine tenderness over the paraspinal musculature bilaterally and limited range of motion were noted. Lumbar spine range of motion was reduced and there was tenderness over the paraspinal musculature bilaterally with muscle spasms. Bilateral shoulders were tender over the subacromial region, acromioclavicular joint and supraspinatus tendon, and limited range of motion was noted. Examination of the elbows revealed tenderness over the left lateral epicondyle. Cozen's test was positive. Bilateral wrists were tender over the flexor tendons and right first dorsal compartment. Tinel's test was positive bilaterally. Finkelstein's was positive on the right. Wrist range of motion was limited. Bilateral knees were tender over the peripatellar region. There was patellofemoral crepitus noted with passive range of motion. Bilateral ankle/feet tenderness over the right medial joint complex and left lateral joint complex was noted. Sensation to pinprick and light touch in bilateral upper extremities was decreased in the median nerve distribution bilaterally. There was diminished

sensation over the left lower extremity and a patchy non-dermatomal distribution.Treatment to date has included medications, physical therapy and home exercises.Utilization review from January 9, 2014 denied the request for Orthostim4 because there was no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition CA MTUS does no consistently recommend interferential, NMS, and galvanic electrotherapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ORTHOSTIM4 Page(s): 114-118.

Decision rationale: The OrthoStim 4 unit incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. As noted on page 114-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not generally recommended and is appropriate for cases were pain is ineffectively controlled with medications. TENS is recommended for chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and presence of a treatment plan including specific short- and long-term goals of treatment. Neuromuscular electrical stimulation is under study; and galvanic stimulation (high-voltage, pulsed stimulation) is investigational for all indications. In this case, the request did not indicate the body part(s) to be treated. In addition, not all components of the OrthoStim 4 unit has evidence-based support for use. There was also no documentation of a rationale identifying why a combined electrotherapy unit would be required. Furthermore, the details concerning the use of the unit in terms of duration and frequency were not included in the request. Therefore, the request for ORTHOSTIM 4 is not medically necessary.