

<b>Case Number:</b>	CM14-0013496		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/18/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male who reported an injury on 11/18/2005 due to continuous trauma. The injured worker had complained of right hand pain, intermittent locking right fourth and fifth digits and swelling of right hand. On physical exam 03/14/2014, right wrist tender over ganglion cyst, diffuse swelling all digits on right hand, tender nodule base of fourth and fifth digits right hand, no active triggering. Diagnostic studies included electromyography study on 07/30/ 2012, 1) bilateral ultra sound upper extremities which showed median sensory nerve prolongation through the right carpal tunnel which is most consistent with incomplete remyelination despite carpal tunnel release, 2) no electrical evidence of carpal tunnel syndrome 3) no electrical evidence of ulnar neuropathy at the cubital tunnel or Guyon's canal bilaterally 4) no electrical evidence of peripheral neuropathy of the upper extremities. Ultra sound of bilateral wrists on 12/18/2013 findings were 1) status post bilateral carpal tunnel release with no recurrent findings, 2) right dorsal ganglion cyst, 3) bilateral first dorsal compartment, 4) bilateral normal triangular fibro cartilage. The injured worker had medications listed as Norco 2.5/325mg one every 12 hours as needed for pain and NSAID's. The injured worker has diagnoses of right other tenosynovitis of wrist and hand, right dorsal ganglion cyst, radial styloid tenosynovitis, bilateral elbow medial and lateral epicondylitis, olecranon bursitis, mild right carpal tunnel syndrome. The injured worker had bilateral carpal tunnel surgery right hand 12/2007, left hand 7/2008. The treatment plan was for orthostim4/ interferential stimulator EOC1, EOC2 with conductive garment glove and supplies. The request for authorization form was submitted for review and dated 11/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOSTIM4/ INTERFERENTIAL STIMULATOR EOC1, EOC2 WITH CONDUCTIVE GARMENT GLOVE PURCHASE AND SUPPLIES AS NEEDED:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 117-118, 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The request for orthostim4/ interferential stimulator EOC1, EOC2 with conductive garment glove and supplies is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state interferential stimulator 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 medications, and limited evidence of improvement on those recommended treatments alone. There was no mention of physical therapy or other chronic pain treatments. There was no legible documentation of a successful 1 month trial to support purchase at this time. In addition, there was no rationale to support the need for conductive garment glove. As such, the request is not medically necessary.