

Case Number:	CM14-0018893		
Date Assigned:	04/23/2014	Date of Injury:	10/13/2009
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of October 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for an OrthoStim4 multimodality transcutaneous electrotherapy device. In its request, the claims administrator cited a variety of MTUS and non-MTUS Guidelines, including ACOEM Guidelines, ODG Guidelines, and MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a note dated July 20, 2013, it was stated that the applicant was not working. This was echoed by a later note dated November 18, 2013, which stated that the applicant carried a diagnosis of fibromyalgia superimposed on ongoing issues with wrist pain. The applicant was given a prescription for oral Voltaren and asked to continue home exercises and wrist bracing. It appears that the OrthoStim4 was apparently requested through progress note and RFA form dated December 27, 2013. In its supplemental report dated January 21, 2014, the attending provider stated that the applicant's pain levels had diminished through an apparent trial of the multimodality transcutaneous electrotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

OS4 UNIT (OrthoStim4 device): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the product description, the OrthoStim4 device contains a variety of modalities, including high volt current stimulation, neuromuscular electrical stimulation, interferential stimulation, and pulsed direct current stimulation. Many of the modalities being sought, however, carry unfavorable recommendations in the Chronic Pain Medical Treatment Guidelines. For example, high voltage current stimulation, a form of galvanic stimulation, is deemed "not recommended" and considered investigational for all indications, according to the Chronic Pain Medical Treatment Guidelines. Similarly, the Chronic Pain Medical Treatment Guidelines also notes that neuromuscular electrical stimulation, another modality in the device in question, is recommended only in the post-stroke rehabilitative context and is not recommended in the chronic pain context present here. Since multiple modalities in the device carry unfavorable recommendations, the entire device is considered not recommended. The request for an OS4 unit is not medically necessary or appropriate.