MAXIMUS Federal Services

Case Number:	CM14-0121174		
Date Assigned:	08/06/2014	Date of Injury:	06/04/2004
Decision Date:	12/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine and is licensed to practice in New Jersey & New York. 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 51 year-old female who was injured on 6/4/04 by unknown mechanism. She complains of neck pain radiating to both shoulders. On exam, she had a tender right shoulder and paracervical muscles, with normal neurological exam of the upper extremities. She had tenderness of the super lateral portion of the forearm. An MRI of the right shoulder showed acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinitis, and subacromial-subdeltoid bursitis. A cervical MRI showed 1-2mm posterior disc bulges at C4-C7 without evidence of canal stenosis or neural foraminal narrowing. She was diagnosed with bilateral shoulder impingement, cervical strain, possible entrapment of the posterior interosseus nerve of both forearms, carpal tunnel syndrome. Her treatment included medications, pain pump, and physical therapy. She had bilateral shoulder surgery, left carpal tunnel release, and left hand tendon repair. The current request is for a multi-stim unit and aqua relief system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit - 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trancutaneous electrotherapy, NMES Page(s): 114, 121.

Decision rationale: A Solace multi-stim unit refers to NMES combined with TENS and ICS. According to MTUS, the use of NMES is not recommended. It is used primarily as part of a rehab program following stroke and there is no evidence to support the use of NMES in chronic pain. Therefore, a multi-stim unit is not medically necessary to treat the chronic neck and upper extremity pain of this patient.

Aqua Relief System - purchase for the Bilateral Hands/Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The aqua relief system is a hot/cold water therapy system indicated for diabetic patients or those with poor circulation. There are not MTUS or ODG guidelines for the use of this unit. According to MTUS, home local applications of cold packs are indicated for the first few days of an acute wrist injury. Afterwards, heat packs are indicated. There are no indications for this aqua relief system. Further studies on the use and potential benefits of this system for the patient's nerve entrapment and carpal tunnel would be necessary. At this time, the request is not medically necessary.