

Case Number:	CM14-0164679		
Date Assigned:	10/09/2014	Date of Injury:	11/13/2011
Decision Date:	12/11/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency 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 injured worker is a 27 year-old female, who sustained an injury on November 13, 2011. The mechanism of injury is not noted. Diagnostics have included: September 1, 2012 EMG/NCV reported as normal. Treatments have included: medications, physical therapy, wrist brace, right first dorsal compartment release and debridement of De Quervain's tenosynovitis. The current diagnoses are: right wrist strain/sprain/tenosynovitis, carpal tunnel syndrome. The stated purpose of the request for ARTD neuromuscular stimulator x 3 months rental for home use was not noted. The request for ARTD neuromuscular stimulator x 3 months rental for home use was denied on September 26, 2014. Per the report dated September 15, 2014, the treating physician noted complaints of right wrist pain. Exam findings included mild tenderness to the first dorsal compartment and radial styloid and a mildly positive Finkelstein test. Per the QME Report dated October 23, 2014, the provider noted future medical care to include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTD neuromuscular stimulator x 3 months rental for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES device) Page(s): 121.

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

Decision rationale: The requested ARTD neuromuscular stimulator x 3 months rental for home use, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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 are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has right wrist pain. The treating physician has documented mild tenderness to the first dorsal compartment and radial styloid and a mildly positive Finkelstein test. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, ARTD neuromuscular stimulator x 3 months rental for home use is not medically necessary.