

Case Number:	CM14-0022077		
Date Assigned:	05/09/2014	Date of Injury:	03/04/2013
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 General Surgery 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 25-year-old female whose date of injury is 03/04/2013. The mechanism of injury is described as repetitive/continuous trauma to the bilateral wrists. An electrodiagnostic study dated 05/08/13 is reported to be a normal study. Treatment for the right wrist is noted to include physical therapy, extracorporeal shockwave therapy, injections and medication management. A progress report dated 02/17/14 indicates that the right wrist pain is rated as 8/10. On physical examination, the Finkelstein's test is positive. There is tenderness over the first dorsal compartment and lunate. The diagnoses are bilateral carpal tunnel syndrome, and avascular necrosis of the right lunate.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF NEUROSTIMULATOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR-ELECTRONIC MUSCLE STIMULATOR UNIT FOR TWELVE (12) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for a rental of neurostimulator transcutaneous electrical nerve stimulator-electronic muscle stimulator unit for twelve (12) months is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful one (1) month trial of the unit as recommended by the Chronic Pain Guidelines to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals provided.