

Case Number:	CM14-0032601		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2013
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation, Pain 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 69-year-old female who reported an injury to her right upper extremity. The clinical note dated 03/20/14 indicates the injured worker stated the initial injury occurred when she slipped in the rain while pushing a cart. The clinical note dated 05/08/14 indicates the injured worker complaining of right wrist pain. There is an indication the injured worker had previously undergone a carpal tunnel release. Tenderness was identified upon palpation throughout the right wrist. The injured worker was able to demonstrate 40 degrees of right wrist extension and 52 degrees of flexion. The previous utilization review dated 03/04/14 resulted in a denial for an OrthoStim 4 with a glove attachment as the use of a neuromuscular stimulation unit is generally utilized as part of a rehabilitation program following a stroke. No information was submitted regarding the injured worker's stroke history.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM4 WITH GLOVE ATTACHEMENT, QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Page(s): 117, 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 120.

Decision rationale: The request for an OrthoStim 4 with a glove attachment is not medically necessary. The documentation indicates the injured worker complaining of right upper extremity pain despite a previous carpal tunnel release. According to the MTUS guidelines, the use of OrthoStim/neuromuscular electrical stimulation devices is indicated as part of a rehabilitative program following a stroke. However, no information was submitted regarding the injured worker's stroke history. Additionally, it does appear the request is directly related to the injured worker's ongoing complaints of pain at the right wrist. Given these factors, the request for orthostim4 with glove attachment is not fully indicated for this injured worker at this time.