

Case Number:	CM14-0032810		
Date Assigned:	06/20/2014	Date of Injury:	12/09/2010
Decision Date:	09/03/2014	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 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 44-year-old female who reported an injury on 12/09/2010 due to cumulative trauma. On 02/19/2014, the injured worker presented with forearm pain associated with numbness to the left side. Upon examination, there was bilateral joint stiffness and joint tenderness and left upper extremity weakness. There was numbness noted in the left upper extremity with tingling. Prior therapy included medications and physical therapy. Diagnoses were fibromyositis and carpal tunnel syndrome. The provider recommended a nerve trial stimulator and acupuncture for the bilateral wrists and hands. The provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve trial stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The MTUS Chronic Pain Guidelines state neuromuscular electrical stimulation devices are not recommended. NMES is used primarily as part of a rehabilitation

program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES use for chronic pain. As such, the request is not medically necessary and appropriate.

6 sessions of acupuncture to the bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines note "acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The MTUS Guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The medical documents submitted for review lacked evidence of the injured worker recommended for reduced medication or being intolerant to medications. As such, the request is not medically necessary and appropriate.