MAXIMUS Federal Services

Case Number:	CM14-0037525		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2013
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old male with a 6/28/13 date of injury. At the time (1/20/14) of request for authorization for extended rental of Neurostimulator TENS-EMS, there is documentation of subjective (bilateral hand pain radiating to the neck and shoulders with difficulty sleeping) and objective (edema noted at both hands, locking of the index fingers bilaterally, non-specific tenderness noted over both wrists and thumbs, tenderness to palpation over the A1 pulley of the index fingers bilaterally, decreased range of motion of the wrists, and decreased strength and sensation of the bilateral upper extremities) findings, current diagnoses (bilateral metacarpophalangeal joint osteoarthritis and bilateral synovial cyst), and treatment to date (medications, splinting, and physical therapy). In addition, plan identifies 6 month extended rental of neurostimulator TENS-EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental of Neurostimulator TENS-EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Transcutaneous electrical

nerve stimulation (TENS); Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116, 121.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS Chronic Pain Medical Treatment Guidelines identifies that Neuromuscular electrical stimulation (NMES devices) are not recommended and that there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for extended rental of Neurostimulator TENS-EMS is not medically necessary.