

<b>Case Number:</b>	CM14-0038608		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/2001
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 27-year-old female who reported a repetitive strain injury on 06/30/2001. Current diagnoses include right wrist derangement and left shoulder derangement. The injured worker was evaluated on 03/07/2014 with complaints of 7/10 left shoulder pain, 7/10 neck pain, and 4/10 bilateral wrist pain. Physical examination on that date revealed restricted range of motion of the bilateral wrists, with tenderness to palpation. Treatment recommendations at that time included chiropractic therapy, an MR arthrogram of the bilateral wrists, an MRI of the left shoulder, and a stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic rhythm arthrogram of left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, arthrography for the forearm ,wrist,and hand region.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pp. 268-269.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6

week period of conservative care and observation. There was no documentation of a significant musculoskeletal or neurological deficit. There was also no mention of an attempt at any conservative treatment prior to the request for an imaging study. Based on the clinical information received and the above-mentioned guidelines, the Magnetic rhythm arthrogram of left wrist is not medically necessary.

**Durable medical equipment : Neuromuscular Stimulator X3 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. NMES is used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. Therefore, the current request cannot be determined as medically appropriate. As such, the Durable medical equipment: Neuromuscular Stimulator X3 month rental is not medically necessary.

**Durable Medical Equipment : conductive garment for the bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121..

**Decision rationale:** The California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. NMES is used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. Therefore, the current request cannot be determined as medically appropriate. As such, the Durable Medical Equipment: conductive garment for the bilateral wrists is not medically necessary.