

<b>Case Number:</b>	CM14-0040873		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Family Practice 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 63 year old female claimant who sustained a cumulative work injury from 07/2/08 to 12/17/12 involving the shoulder, wrists and cervical spine. She was diagnosed with bilateral carpal tunnel syndrome, bilateral DeQuervain's, shoulder and cervical spine strain. A progress note on 3/10/14 indicated the claimant had bilateral wrist and shoulder pain. Exam findings were positive for a Phalen's and Finklestein's test as well as reduced range of motion of the shoulder. The treating physician recommended continued use of a wrist splint and the use of an OrthoStim 4 unit for pain management for a 2 month rental and purchase of supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OrthoStim 4, 2 month rental, purchase garment and supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

**Decision rationale:** According to the MTUS guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used. If a 4 lead is used then

justification must be provided vs a 2 lead. It is intended for neuropathic pain, multiple sclerosis, CRPS and spasticity. The claimant does not have these diagnoses. In addition, response to a month trial is not known. The advanced request for a 2 month trial along with supply purchase for an OrthoStim 4 unit is not medically necessary.