

Case Number:	CM14-0053246		
Date Assigned:	07/07/2014	Date of Injury:	06/25/2013
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of June 25, 2013. The applicant has been treated with the following: Analgesic medications; wrist bracing; unspecified amounts of physical therapy and manipulative therapy; and electrodiagnostic testing of July 29, 2013, notable for mild-to-moderate right-sided carpal tunnel syndrome and mild left-sided carpal tunnel syndrome. In a utilization review report dated April 5, 2014, the claims administrator denied a request for a multi-stimulator device. The applicant's attorney subsequently appealed. On March 20, 2014, the attending provider sought authorization for solace multi-stimulator unit with associated supplies via a templated request for authorization form. No narrative commentary or progress note was attached to the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit plus supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic, Product Description Page(s): 121.

Decision rationale: Based on the product description, the multi-stimulator unit represents an amalgam of three different forms of therapy, namely conventional TENS therapy, an interferential stimulator unit, and a neuromuscular stimulator component. However, the neuromuscular stimulation, per page 121 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here but, rather, is reserved for the post-stroke rehabilitative context. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.