

Case Number:	CM14-0057959		
Date Assigned:	07/09/2014	Date of Injury:	09/11/2011
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 & 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:

This 52 year-old patient sustained a cumulative trauma injury on 9/11/11 while employed by [REDACTED]. Request under consideration include Meds4 INF Stimulator, 3 months for Home use and Electrodes. Report from the provider noted the patient with complaints of bilateral wrist pain rated at 8/10; right shoulder pain (8/10), right elbow pain (6/10) and bilateral hand pain (8/10) associated with numbness. Exam showed tenderness at right shoulder with restricted range; positive Apley's and apprehension testing; tender medial wrist with C7 dermatome paresthesia bilaterally; positive left Phalens'; decreased range in bilateral wrists; with full range but tender right elbow. Follow-up exam on 3/6/14 had unchanged diagnoses of Bilateral wrist CTS; right shoulder sprain/strain; and right elbow sprain. The request for Meds4 INF Stimulator, 3 months for Home use and Electrodes were non-certified on 4/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds4 INF Stimulator, 3 months for Home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulator (NMES devices), Interferential Current Stimulation (ICS) Page(s): 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118; Interferential Current Stimulation (ICS).

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury of 2011. Additionally, IF/NMES unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Meds4 INF Stimulator, 3 months for Home use is not medically necessary and appropriate.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulator (NMES devices), Interferential Current Stimulation (ICS) Page(s): 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118; Interferential Current Stimulation (ICS).

Decision rationale: As the Meds4 INF Stimulator, 3 months for Home use is not medically necessary and appropriate; thereby associated supplies are not medically necessary and appropriate.

