

Case Number:	CM14-0074280		
Date Assigned:	07/16/2014	Date of Injury:	03/28/2013
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 patient is a 47-year-old female who has submitted a claim for right shoulder sprain/strain, bursitis, bilateral elbow medial/lateral epicondylitis with probable cubital tunnel syndrome, and bilateral wrist tendinitis with probable carpal tunnel syndrome associated with an industrial injury date of 03/28/2013. Medical records from 02/24/2014 to 05/08/2014 were reviewed and showed that patient complained of right shoulder pain graded 6-8/10 with numbness and tingling of right forearm. Physical examination revealed tenderness over shoulder musculature and lateral epicondyle. Decreased right shoulder ROM was noted. Impingement, Cozen's and Tinel's (wrist) tests were positive. Sensation was decreased over right forearm and 4th and 5th digits. Treatment to date has included acupuncture and pain medications. Utilization review dated 05/08/2014 denied the request for OrthoStim4 unit and associated supplies because this was not recommended by the guidelines. Utilization review dated 05/08/2014 denied the request for ergonomic chair because there was no documentation of difficulties relative to the patient's work station or chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim4/Interferential Stimulator (EOC1), (EOC2) Purchase and Supplies as needed:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106, 111, 115, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation (ICS); Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation; TENS H-Wave Stimulation; Neuromuscular Electrical Stimulation Page(s): 118-120; 114; 117-118; 121.

Decision rationale: Per the website of VQ OrthoCare, the OrthoStim4 combines interferential, TENS, NMS/EMS, and galvanic therapies into one unit to "help enhance pain relief, and promote positive outcomes." Multiple claims are made regarding effectiveness without citing specific studies. The California MTUS Chronic Pain Medical Treatment Guidelines page 114 discusses TENS as opposed to multiple other devices. It does not consistently recommend interferential, NMS, and galvanic electrotherapy (pages 117-118, and 121). According to the California MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. In this case, there was no documentation of active participation by the patient in functional restoration program. The guidelines do not recommend the use of ICS as single mode of treatment. Moreover, OrthoStim4 is not guideline recommended. Therefore, the request for Orthostim4/Interferential Stimulator (EOC1), (EOC2) Purchase and Supplies as needed is not medically necessary.

Ergonomic Chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106, 111, 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Ergonomics.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that ergonomics for the neck and upper back is under study. There was no good quality evidence on the effectiveness of ergonomics or modification of risk factors. In this case, there was no clear indication or rationale provided as to why ergonomic chair is needed. The guidelines state that there are no good quality evidences to support ergonomic chairs. Therefore, the request for ergonomic chair is not medically necessary.