MAXIMUS Federal Services

Case Number:	CM14-0076476		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2013
Decision Date:	09/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 53-year-old female who was injured on 07/09/2013 while performing her usual and customary duties of her job. She reported moderate pain in her left thumb radiating to her wrist with occasional tingling and a cold sensation. Prior treatment history has included 8/12 acupuncture visits and trigger finger injection. The patient underwent left DeQuervain's release on 11/16/2006, left carpal tunnel release on 11/16/2006 and right thumb trigger release on 08/26/2008.Progress report dated 04/22/2014 documented the patient to have complaints of left wrist pain with swelling and stiffness. On exam, she is noted to have positive trigger thumb and tenderness. She has positive Tinel's and Phalen's on the left. She is diagnosed with left trigger thumb and recurrent carpal tunnel syndrome. She has been recommended for an Ortho Stim unit glove.Prior utilization review dated 05/08/2014 states the request for Left hand orthostim stimulation unit is denied, as it is not medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand orthostim stimulation unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: chronic Pain transcutaneous electrical nerve stimulation unit (TENS) Page(s): 117, 120 and 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, TENS.

Decision rationale: According to MTUS guidelines, TENS may be indicated in the treatment of diabetic neuropathy, post-herpetic neuralgia, CRPS, Phantom Limb, Multiple Sclerosis or spasticity. In this case, a request is made for an "orthostim stimulation unit"(a type of TENS unit that may also involve interferential current stimulation, galvanic stimulation and/or neuromuscular electrical stimulation (NMES)) for 53-year-old female injured on 7/9/13 with recurrent left trigger finger, DeQuervain's tenosynovitis and carpal tunnel syndrome. However, in this case records do not establish any condition for which TENS is indicated. Bilateral upper extremity EMG/NCS on 11/25/13 was normal. Further, according to ODG guidelines, TENS is not recommended for carpal tunnel syndrome. Also, MTUS guidelines do not recommend galvanic stimulation nor do they recommend NMES for chronic pain. Medical necessity is not established.