MAXIMUS Federal Services

Case Number:	CM14-0091043		
Date Assigned:	07/25/2014	Date of Injury:	03/14/2011
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Texas and Oklahoma. 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 38-year-old female who reported an injury on 03/14/2012 due to an unknown mechanism. Diagnoses were status post left carpal tunnel release and status post right carpal tunnel release. Past treatment reported was physical therapy. Diagnostic studies were not reported. Surgical history revealed carpal tunnel release of the right and left wrists. The injured worker had a physical examination on 12/10/2013 with findings of improvement in the right hand pain, numbness and tingling. She had completed therapy and stated that the right hand pain was 8/10. Left hand pain was not as constant and was rated at a 5/10. Examination revealed range of motion for bilateral wrists with extension to 50 degrees and flexion was to 50 degrees. Medications were not reported. Treatment plan was for 1 P-Stim device. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 P-Stim Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-, Pain ChronicFDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/17187468.

Decision rationale: The request for 1 P-Stim device is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM and ODG do not address this request. Acupuncture is now accepted as a complementary analgesic treatment. Auricular acupuncture is a distinct form of acupuncture. Electrical stimulation of acupoints (electroacupuncture) increases the effects of acupuncture. Recently, an auricular electroacupuncture device, the P-Stim, has become available. Clinical studies in outpatients have investigated the P-Stim in chronic musculoskeletal pain and its use for minor surgery. In chronic cervical or low back pain, the auricular electroacupuncture was more effective than conventional auricular acupuncture. The results on acute pain were controversial. Auricular electroacupuncture reduced pain and remifentanil consumption during oocyte aspiration when compared with convention oracle auricular acupuncture or a sham treatment. However, after 3rd molar tooth extraction auricular electroacupuncture and auricular acupuncture failed to reduce either postoperative pain or analgesic consumption. Further large scale studies are required to evaluate the analgesic efficacy of auricular electroacupuncture. The California Medical Treatment Utilization Schedule, ACOEM and ODG do not address this request. Due to the fact that this is not supported by the guidelines it is not medically necessary.