

Case Number:	CM13-0047968		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2013
Decision Date:	12/10/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 30-year-old male who reported an injury on 01/28/2013. The patient is diagnosed with left wrist de Quervain's tenosynovitis, and left shoulder tendinitis/impingement. The patient was seen by [REDACTED] on 10/17/2013. The patient complained of worsening left wrist pain. Physical examination revealed tenderness to palpation with positive Finkelstein's testing and decreased range of motion. The patient also demonstrated tenderness to palpation with positive impingement testing in the left shoulder. Treatment recommendations included a left de Quervain's release, continuation of home exercise program, a diagnostic ultrasound of the left shoulder, and authorization for an Orthostim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Orthostim unit for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as transcutaneous electrical neurostimulation units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. As per the documentation subsequently, there is no indication of a successful 1 month trial of an Orthostim unit prior to the request for a purchase. There was also no evidence of a treatment plan with specific short and long-term goals of treatment with the unit. The medical necessity has not been established. Therefore, the current request is not medically necessary.