

Case Number:	CM14-0206552		
Date Assigned:	12/18/2014	Date of Injury:	02/23/2014
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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, has a subspecialty in Medical toxicology and is licensed to practice in West Virginia. 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 individual is a 37 year old male who sustained an industrially related injury on February 2nd 2014 involving his right hand. He has ongoing complaints of right hand pain (5-8/10). Recent physical examination provided in the available record (5/29/14) noted; no reduced range of motion or strength on the right hand/fingers. Vascular and neurological examinations of the right hand are also within normal limits. He is noted to have stated that physical therapy (by the time of exam) had provided 70% improvement in regard to his hand. This request is for (1) rental of a multi-stim (NMES) unit and purchase of an aqua relief hot/cold treatment system. Prior UR denied NMES unit due to it not being recommended for the presented diagnosis, prior UR for aqua-relief device could not be located.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit 5 month rental, electrodes x 40, leadwires x 2 & adapter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Neuromuscular electrical stimulation (NMES devices)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist, forearm, electrical stimulation.

Decision rationale: Per CA- MTUS: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per ODG: Not recommended. Electrical stimulation units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. Given the appropriate guidelines are very clear and direct in their appraisal of the use of NMES devices for the treatment of chronic pain and for hand symptoms, the request for a multi-stim unit is deemed not medically necessary.

Aqua relief system (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cold Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist , forearm, heat therapy/cold therapy.

Decision rationale: ODG states in reference to hot/cold therapy; Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. The guidelines do recommend short term use of cold application followed by heat application, but there is no evidence to specifically recommend electronically controlled fluid based thermal pads/wraps as opposed to simple cold or hot packs. Further the guidelines address acute complaints and make no recommendation for chronic pain use. As such, the request for an aqua relief system is deemed not medically necessary.