

Case Number:	CM15-0017683		
Date Assigned:	02/06/2015	Date of Injury:	10/22/2013
Decision Date:	04/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57-year-old female, who sustained an industrial injury, reported on 10/22/2013. She reported constant pain in her right wrist, elbow and right knee, with weakness in the upper extremities. The diagnoses were noted to include status-post Triangular Fibrocartilage complex (TFCC) surgery (9/1/14), with resulting contracture of the right hand joint; complex regional pain syndrome, type 1, of the bilateral arms; and reflex sympathetic dystrophy of upper limb and tenosynovitis of hand and wrist. Treatments to date have included consultations; multiple diagnostic imaging studies; edema gloves; hand therapy; cortisone injection right knee; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/14/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/6/2015, for a 3-4 month rental of a Zynex Next Wave and supplies - to a 30 day rental only, for a home trial, deemed appropriate for neuropathic pain. The Medical Treatment Utilization Schedule, lumbar spine, magnetic resonance imaging, acupuncture, manual therapy & manipulation, transcutaneous electrotherapy; Protonix; the American College of Occupational and Environmental Medicine Guidelines, chapters 7 & 12; and the Official Disability Guidelines, formulary, low back complaints, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex NextWave and supplies 3-4 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Zynex Next Wave and supplies 3-4 month rental is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy, reflex sympathetic dystrophy, tenosynovitis hand and wrist not elsewhere classified. Subjectively the injured worker has pain in the right wrist, right elbow and right knee for one year and two months. (Progress note dated December 9, 2014). The injured worker has had no relief from physical therapy, 12 sessions, with exercising the treatment. Objectively, patient cannot make a fist, right hand is hyperesthetic, there is apathy over the fourth and fifth interosseous muscles, there are sudomotor changes and trophic changes. Although several Patient Selection Criteria are documented by the treating physician, there is no documentation from the requesting physician with a clinical indication and/or rationale for the ICS unit. Additionally, a 3 to 4 month rental is not recommended. When Patient Selection Criteria (supra) are met a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The requesting physician ordered a 3 to 4 months rental. Consequently, absent clinical documentation meeting the Patient Selection Criteria with a one-month ICS clinical trial, Zynex Next Wave and supplies 3-4 month rental is not medically necessary.