

Case Number:	CM15-0133064		
Date Assigned:	07/21/2015	Date of Injury:	05/27/2014
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, 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 injured worker is a 66 year old female, who sustained an industrial injury on 05-27-2014 secondary to moving a couch at work resulting in arm pain. On provider visit dated 05-11-2015 the injured worker has reported pain. On examination of the right shoulder revealed restricted range motion due to pain in the forearm and wrist-hand, and Speeds test was positive. Right hand painful range of motion was noted and was unable to perform range of motion testing due to pain, allodynia was noted over the entire hand, temperature was decreased and tenderness to palpation was noted, sensation was decreased signification in all digits of right hand. The injured worker was not able to flex fingers without severe pain and tenderness of all joints of fingers were noted. The diagnoses have included complex regional pain syndrome. Treatment to date has included of cold therapy, heat therapy, massaging, brace, physical therapy, home exercise program, medication and acupuncture. The provider requested Calmare therapy for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calmare therapy 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NNMES/TENS/IF Page(s): 113-118.

Decision rationale: Calmare uses a biophysical modulation to help with neuropathic pain. In this case, the claimant has undergone numerous and more proven methods of interventions noted in the history. There is insufficient evidence for the use of the Calmare system. Similar to NMES, TENS and IF units, there is insufficient evidence or lack of supporting diagnoses for its use. The request for the Calmare system is not within the guidelines or standard practice for hand and neuropathic pain of the hands. The request is not medically necessary.