

Case Number:	CM15-0184816		
Date Assigned:	09/25/2015	Date of Injury:	04/01/2014
Decision Date:	11/24/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 46 year old male, who sustained an industrial injury on 04-01-2014. He has reported subsequent left elbow and shoulder pain and bilateral wrist pain, numbness and tingling and was diagnosed with bilateral carpal tunnel syndrome, left elbow and shoulder strain, left shoulder impingement syndrome status post surgery, left medial epicondylitis and ulnar nerve neuropathy. Electromyography-nerve conduction studies were noted to confirm neuropathy of the upper extremities at the ulnar nerve at the level of the elbow. In a progress note dated 06-02-2015, the injured worker was noted to continue to be symptomatic, complaining of weakness of the left hand. Objective findings revealed reduced grip strength on the left, positive Tinel's and Phalen's signs on the left Guyon's canal, positive elbow flexion and positive tenderness over the left medial epicondyle. The physician noted that the injured worker had failed all conservative measures including steroid injections, anti-inflammatory medications, splinting and physical therapy and was a candidate to undergo left ulnar nerve neuroplasty and medial epicondylectomy. In a progress note dated 06-23-2015, the injured worker was seen for a preoperative history and physical for left elbow surgery that was scheduled for 07-01-2015. The injured worker reported bilateral shoulder pain secondary to surgery and impingement syndrome with left elbow pain and left hand numbness. No abnormal objective examination findings were documented. Work status was documented as modified but was changed to temporarily totally disabled starting 07-01-2015. The injured worker had neuroplasty of the ulnar nerve at the left elbow, internal neurolysis of the ulnar nerve at the cubital tunnel, medial epicondylectomy with fasciotomy and application of long arm cast performed on 07-01-2015. A request for

authorization of Solace multi stim unit (retrospective 07-01-2015), electrodes 8 pairs per month (retrospective 07-01-2015), lead wires (retrospective 07-01-2015), adapters (retrospective 07-01-2015), aqua relief system (retrospective 07-01-2015) and installation (aqua relief system), (retrospective 07-01-2015) was submitted. As per the 08-19-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim Unit (retrospective 07/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Solace Multi Stim Unit is a Microcurrent electrical stimulation (MENS) device. MENS is characterized by sub-sensory current that acts on the body's naturally occurring electrical impulses to decrease pain and facilitate the healing process. MENS differs from TENS in that it uses a significantly reduced electrical stimulation. TENS blocks pain, while MENS acts on the naturally occurring electrical impulses to decrease pain by stimulating the healing process. As per CA MTUS Microcurrent electrical stimulation is not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. Guidelines are not met, therefore, the Requested Treatment: Solace Multi Stim Unit (retrospective 07/01/15) is not medically necessary and appropriate.

Electrodes, 8 pairs per month (retrospective 07/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: As it is determined that Solace Multi Stim Unit (retrospective 07/01/15) is not medically necessary, therefore, the requested treatment: Electrodes, 8 pairs per month (retrospective 07/01/15) is not medically necessary and appropriate.

Lead wires (retrospective 07/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: As it is determined that Solace Multi Stim Unit (retrospective 07/01/15) is not medically necessary, therefore, the requested treatment: Lead wires (retrospective 07/01/15) is not medically necessary and appropriate.

Adapters (retrospective 07/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: As it is determined that Solace Multi Stim Unit (retrospective 07/01/15) is not medically necessary, therefore, the requested treatment: Adapters (retrospective 07/01/15) is not medically necessary and appropriate.

Aqua relief system (retrospective 07/01/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.aetna.com/cpb/medical/data/200_299/0297.html].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Cold/heat packs-Continuous-Flow Cryotherapy.

Decision rationale: Aqua Relief System is considered a continuous-flow cryotherapy device. Postoperative use generally may be up to 7 days, including home use. ODG states Continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, its use is justified in the postoperative management of surgery. ODG recommends durable medical equipment (DME) be typically rented. As the request is not specific for rental or purchase, determination cannot be made, therefore, the requested treatment: Aqua relief system (retrospective 07/01/15) is not medically necessary.

Installation (aqua relief system), (retrospective 07/01/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.aetna.com/cpb/medical/data/200_299/0297.html].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Cold/heat packs-Continuous-Flow Cryotherapy.

Decision rationale: As it is determined that Aqua relief system (retrospective 07/01/15) is not medically necessary, therefore, the requested treatment: Installation (aqua relief system), is not medically necessary and appropriate.