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| Case Number: | CM15-0203892 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 03/28/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female who sustained an industrial injury March 28, 2014. Past treatment included 8 sessions of acupuncture which was noted to be effective and 6 sessions of physical therapy noted as not effective. According to a doctor's first report of occupational injury dated September 21, 2015, the injured worker presented with complaints of constant left wrist and left thumb pain, rated 9 out of 10, and described as stabbing with pain and numbness radiating up the arm, swelling, tingling, and weakness. She reports the application of ice and heat provide relief and medications are less effective. Quality of sleep is poor. Current medication included Acetaminophen. A pain institute's report dated September 16, 2015 documented current medication as Lidopro, Pantoprazole, Terocin patch, Lidocaine, Diclofenac, Tizanidine, and Zofran. Physical examination included; left wrist- no limitation in range of motion, Tinel's and Phalen's are negative, tenderness to palpation over the TFCC(triangular fibrocartilage complex) and MCP(metacarpophalangeal joint) left thumb, strength within normal limits Diagnoses are left wrist hand sprain, strain; bilateral median neuropathy of carpal tunnel syndrome; ulnar neuropathy of left elbow; left wrist contusion injury. Treatment plan included physical therapy to develop a home exercise program, new orthopedic bracing, a one month trial of a TENS (transcutaneous electrical nerve stimulation) unit, and at issue, a request for authorization for Calmare trial 10 sessions. According to utilization review dated October 7, 2015, the requests for TENS 4 lead Unit one month trial and an Orthopedic bracing wrist elastic sleeve were certified. The request for Calmare Trial for 10 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calmare trial for 10 sessions: 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), Pain Chapter, Scrambler therapy (Calmare).

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

Decision rationale: The CA MTUS is silent on the issue of scrambler therapy for the treatment of chronic pain. The ODG-TWC, pain section, states scrambler therapy is not recommended for the treatment of chronic pain. There are promising pilot studies, but higher quality studies are needed and are currently being conducted. The evidence is not yet sufficient to permit conclusions about the benefits of Scrambler therapy, also known as transcutaneous electrical modulation pain reprocessing, for the treatment of chronic pain. The device is intended to scramble pain information with no-pain information, to reduce the perception of pain intensity. Scrambler therapy interrupts transmission of pain signals by delivering electrical stimulation that is interpreted by the nervous system as no pain, and it is performed using a type of transcutaneous electrical stimulation (TENS) device that is specifically designed for this therapy. While preliminary results suggested that cutaneous electro-stimulation with the Calmare can be hypothesized as part of a multi-modality approach to the treatment of chronic pain, further studies on larger numbers of patients are needed to assess its efficacy, to quantify the effects of inter-operator variability, and to compare results obtained from the active device versus those from a sham machine. The pilot studies are useful in informing hypothesis formation, but they do not permit conclusions on efficacy and safety due to small size, lack of a sham control group, and short-term follow-up period. As the request is not supported by the guidelines, the request is not medically necessary.