

Case Number:	CM15-0221126		
Date Assigned:	11/16/2015	Date of Injury:	11/19/2013
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 11-19-13. Medical records indicate that the injured worker is undergoing treatment for blunt trauma to the left dorsal wrist, left superficial radial neuroma and left de Quervain's tenosynovitis. The injured worker is currently working with restrictions. On (10-15-15) the injured worker reported ongoing stiffness and pain in the dorsum and dorsal radial aspect of the left hand and wrist. Objective findings revealed mild dorsal left wrist swelling. No swelling was note on the dorsal radial aspect of the wrist. No vasomotor signs were present. A Finkelstein sign was negative. Treatment and evaluation to date has included medications, MRI, wrist splint, physical therapy, home exercise program and left wrist surgery on 6-24-15. Current medications include Ibuprofen, Tramadol and cyclobenzaprine. Newly prescribed medications include Ultracet and Neurontin. The treating physician recommended a Meds 4-IF Unit (Neuromuscular Electrical Stimulation and Interferential) for pain control. The Request for Authorization dated 10-15-15 included a request for a three month rental of a Meds 4-IF Unit and garment for the left wrist. The Utilization Review documentation dated 11-4-15 non-certified the request for a three month rental of a Meds 4-IF Unit and garment for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Rental for Meds 4-IF Unit (Neuromuscular Electrical Stimulation and Interferential) and Garment for The Left Wrist: 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 10/15/15 progress report provided by the treating physician, this patient presents with stiffness/pain involving the dorsum and dorsal radial aspect of the left hand/wrist. The treater has asked for 3 month rental for meds 4-if unit (neuromuscular electrical stimulation and interferential) and garment for the left wrist on 10/22/15. The patient's diagnosis per request for authorization dated 10/15/15 is s/p left wrist release of the first dorsal compartment with excision of the left superficial radial nerve embedding the proximal nerve stump in the extensor muscle mass - 6/24/2015. The patient has a history of diabetes and hypertension per 9/10/15 report. The patient has finished a course of physical therapy of an unspecified number of sessions, and is doing a home exercise program as of 9/10/15 report. The patient is s/p injections to the wrist and shoulder without documentation of benefit per 10/15/15 report. The patient is currently taking Ibuprofen, Tramadol, and Cyclobenzaprine according to 10/15/15 report. The patient is able to return to modified duty, but if unable to be accommodated by this employer, this patient would be considered temporarily totally disabled from work per 10/15/15 report. MTUS, Transcutaneous electrical nerve stimulation Section, page 121 on neuromuscular electrical stimulation (NMES devices) states: "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." The treater has requested a "Meds 4IF unit with garment for home use for treatment of pain control" according to progress report dated 10/15/15. The patient presents with chronic pain/stiffness in the left wrist/hand and is s/p blunt force trauma injury involving the left wrist when this extremity was struck by a falling window blind. However, MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. Review of records did not show the patient is part of a rehabilitation program following a stroke. MTUS does not support EMS, or NMES for chronic pain condition, either. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.