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| Case Number: | CM15-0038658 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 06/08/2014 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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, Hawaii
 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(n) 44 year old female, who sustained an industrial injury on 6/8/14. She reported initially complained of right hand up to right elbow aching pain. A right epicondylectomy, right wrist carpal tunnel release is being contemplated by the injured worker. The injured worker was diagnosed as having right wrist sprain tendonitis; right lateral and medial epicondylitis; right carpal tunnel. Treatment to date has included acupuncture (10/23/14 notes improvement with this therapy); physical therapy; wrist splint and elbow strap; EMG/NCS upper extremity right (9/8/14); right elbow injection (9/24/14 and 11/20/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro multi stim unit with supplies: 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 Neuromuscular electrical stimulation (NMES) Page(s): 112.

Decision rationale: The patient presents with right elbow and bilateral hand pain. The current request is for Retro multi stim unit with supplies. The treating physician states, the patient says that she feels pain in her right wrist volarly. She has pain at the right elbow. The volar wrist feels hot, and this extends into the hands and the thenar base. She drops things. She feels hot and numbness to her right thumb, index finger, middle finger, and right finer. She also has pain to the left elbow and rates it as 5/10. She has had two cortisone injections to that location, but they have not helped. (B.45) There is no further discussion of the current request in the reports submitted and reviewed. The MTUS Guidelines page 112 states that neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no interventional trials suggesting benefit from NMES for chronic pain or postsurgical care. In this case, there is no indication that the patient has suffered from a stroke and is partaking in a rehabilitation program. The current request is not medically necessary and the recommendation is for denial.