

Case Number:	CM15-0044541		
Date Assigned:	03/16/2015	Date of Injury:	02/12/2010
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 50 year old female who had a work injury. There is a 2/17/15 primary physician progress report that states that the patient is not working and complaints of bilateral wrist pain and low back pain. Her physical exam states, "Range of motion is decreased and there is tenderness." The diagnoses include myoligamentous strain or the cervica and lumbar spine and right trapezius musculature; sprain of the right wrist with recurrent sprain on 5/18/09; sprain of the left wrist 5/18/09; status post surgery right dorsal wrist 2/12/10. The patient is temporarily totally disabled. Her prior treatment per documentation includes physical therapy and MR Arthrogram of the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 1-6-15): Intensity select combo TENS/EMSIF/micro/precision medica purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) and Interferential Current Stimulation (ICS) and Transcutaneous electrotherapy Page(s): 121 and 118-120 and 114-117.

Decision rationale: Retro (DOS 1-6-15): Intensity select combo TENS/EMSIF/micro/precision medica purchase is not medically necessary per the MTUS Guidelines. The MTUS states that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Neuromuscular electrical stimulation (NMES devices) is not recommended by the MTUS. 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 intervention trials suggesting benefit from NMES for chronic pain. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The documentation submitted does not reveal a one month trial of a TENS unit with outcomes in terms of pain and function. The MTUS does not support NMES for chronic pain and there is no evidence of a stroke in this patient. For these reasons the request for retro (DOS 1-6-15): Intensity select combo TENS/EMSIF/micro/precision medica purchase is not medically necessary.

Electrodes 2 x 2 square 2 pair per pkg: 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 devices) and Interferential Current Stimulation (ICS) and Transcutaneous electrotherapy Page(s): 121 and 118-120 and 114-117.

Decision rationale: Electrodes 2 x 2 square 2 pair per pkg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as these were to be used with the Intensity select combo TENS/EMSIF/micro/precision medica purchase which was deemed not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.