

Case Number:	CM15-0050235		
Date Assigned:	03/23/2015	Date of Injury:	07/22/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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 59 year old male with an industrial injury dated 07/22/2013. His diagnosis includes left hand deformity secondary to crush injury, probable compartment syndrome of the left hand, partially resolved, left shoulder adhesive capsulitis, depression and anxiety. Prior treatments include physical therapy medications, referral to a hand specialist, surgery for amputation of left ring finger with flap closure and diagnostics. He presents on 02/24/2015 with complaints of left forearm pain and left hand pain. Physical exam revealed the injured worker could not hold weight of 1 pound or less and was unable to fully open or close his hand. The treating physician requested an X-force solar care device for home use to help reduce hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force with Solar Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic), TENS (transcutaneous electrical neurostimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Infrared therapy (IR).

Decision rationale: The patient presents with pain and weakness in his upper extremity. The request is for X-Force with Solar Care. The patient is s/p left right finger DIP joint amputation and the surgery date is not provided. X-ray of the left hand from 01/07/15 shows mild degenerative changes at the 1st carpometacarpal joint. The patient is currently not working. The X-Force Stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The X-Force Stimulator is a non-invasive, non-addictive form of therapy used to help relieve the symptoms caused by arthritis and other joint conditions. The MTUS guidelines are silent on X-force stimulators. However, they discuss the Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. MTUS is silent with regards to Infrared therapy (IR), however ODG-TWC Low Back Chapter states: "Infrared therapy (IR) Not recommended over other therapies." In this case, the treater requested for "X-force Solar Care device for home use, which is a TENS unit with a heating element that will probably reduce his hand pain." The patient has had extensive physical therapy sessions thus far. The patient has arthritis and joint pain in his hands for which the use of X-force Stimulator would be indicated. None of the guidelines discuss this dual unit. There is no explanation as to why the patient cannot simply use a conventional TENS unit. Furthermore, MTUS require 30-day home use of TENS before a home unit is allowed. The request is not medically necessary.