MAXIMUS Federal Services

Case Number:	CM15-0080772		
Date Assigned:	05/01/2015	Date of Injury:	11/26/2013
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female sustained an industrial injury to the right wrist on 11/26/13. Previous treatment included magnetic resonance imaging, splinting, physical therapy, injections and medications. The injured worker underwent de Quervain's release on 3/4/15. In a PR-2 dated 3/10/15, the injured worker was four days status post right de Quervain's release and was feeling well with the exception of right elbow pain. Physical exam was remarkable for severe tenderness over the right epicondyle. Current diagnoses included right lateral epicondylitis and status post right de Quervain's release. The injured worker received a steroid injection to the right elbow during the office visit. The treatment plan included continuing physical therapy. On 3/6/15, a request for authorization was submitted for multi stim unit with supplies, 5-month rental for the right hand/wrist and aqua relief system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Multi stim unit with supplies, 5 month rental for the right hand/wrist (DOS: 3/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

Decision rationale: The claimant sustained a work-related injury in November 2013 and underwent a DeQuervain's release on 03/04/15. When seen, she was 4 days status post surgery. She had lateral elbow tenderness and an injection was performed. She was to continue physical therapy. The requested MultiStim unit provided combination of TENS, and interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is 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. Additionally, the request was for a 5-month rental, which would be excessive in terms of determining whether ongoing use and possible purchase of a basic unit would be considered. Therefore, the request was not medically necessary.

Retrospective: Aqua relief system (DOS: 3/6/15): 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), Neck & Upper Back Chapter - Continuous-flow cryotherapy; ODG, Forearm, Wrist & Hand - Cold packs; ODG, Elbow Chapter - Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work-related injury in November 2013 and underwent a DeQuervain's release on 03/04/15. When seen, she was 4 days status post surgery. She had lateral elbow tenderness and an injection was performed. She was to continue physical therapy. An Aqua Relief System is an automatic hot / cold pump used with fitted wraps for treating pain involving the hands or feet. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. Therefore, the requested Aqua Relief System is not medically necessary.