

Case Number:	CM14-0124756		
Date Assigned:	09/25/2014	Date of Injury:	04/06/2006
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female with date of injury of 04/06/2006. The listed diagnosis per [REDACTED] is postoperative right carpal tunnel release. According to progress report 05/27/2014, the patient is status post right carpal tunnel release on 04/22/2014. The patient is still having some residual pain with a burning sensation on the thenar eminence in the base of the thumb. The treater states that the patient needs to regain some of her dexterity and strength of the hands, so that she can return to work. This is a request for Solace Multi Stim Unit 5-month rental, electrodes 8 pair per month, wire leads, adaptor, and installation. Utilization review denied the request on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim Unit #month rental qty 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient is status post right carpal tunnel release on 04/22/2014 and continues with residual symptoms. The treater is requesting Solace Multi Stim Unit 5-month rental. The MTUS Guidelines page 120 states neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is used primarily as a part of a rehabilitation program following a 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 or postsurgical care. Recommendation is for denial.

Electrodes-8 Pair per #month qty 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient is status post right carpal tunnel release on 04/22/2014 and continues with residual symptoms. The treater is requesting Solace Multi Stim Unit 5-month rental and supplies including electrodes, lead wires, adaptor, and installation. MTUS Guidelines page 120 does not recommend neuromuscular electrical stimulation for chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain or postsurgical care. Given the patient does not meet the indication for the Solace Multi Stim Unit, the requested supplies are not necessary. Recommendation is for denial.

Leadwires qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient is status post right carpal tunnel release on 04/22/2014 and continues with residual symptoms. The treater is requesting Solace Multi Stim Unit 5-month rental and supplies including electrodes, lead wires, adaptor, and installation. MTUS Guidelines page 120 does not recommend neuromuscular electrical stimulation for chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain or postsurgical care. Given the patient does not meet the indication for the Solace Multi Stim Unit, the requested supplies are not necessary. Recommendation is for denial.

Adaptor qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient is status post right carpal tunnel release on 04/22/2014 and continues with residual symptoms. The treater is requesting Solace Multi Stim Unit 5-month rental and supplies including electrodes, lead wires, adaptor, and installation. MTUS Guidelines page 120 does not recommend neuromuscular electrical stimulation for chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain or postsurgical care. Given the patient does not meet the indication for the Solace Multi Stim Unit, the requested supplies are not necessary. Recommendation is for denial.

Installation qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient is status post right carpal tunnel release on 04/22/2014 and continues with residual symptoms. The treater is requesting Solace Multi Stim Unit 5-month rental and supplies including electrodes, lead wires, adaptor, and installation. MTUS Guidelines page 120 does not recommend neuromuscular electrical stimulation for chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain or postsurgical care. Given the patient does not meet the indication for the Solace Multi Stim Unit, the requested supplies are not necessary. Recommendation is for denial.