

Case Number:	CM14-0137016		
Date Assigned:	08/29/2014	Date of Injury:	07/29/2002
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 73 year old female with a work injury dated 7/29/02. The diagnoses include displacement of cervical intervertebral disc without myelopathy, other tenosynovitis of hand and wrist, end carpal tunnel syndrome. Under consideration is a request for Bionicare for the bilateral hands and thumbs and Dental consultation second opinion regarding dry mouth. There is a primary treating physician report dated 06/05/14 which is handwritten and somewhat illegible that states that the patient presented with complaints of bilateral thumb and left 3rd, 4th, and 5th digit pain. The patient complains of both wrists and right shoulder pain. The patient underwent prior trigger injections, which helped symptoms. She cannot make a complete closed fist and rates her pain as rated 4-6/10. The physical examination revealed tenderness to palpation with extension and flexion of the bilateral wrists and hands. There is tenderness to palpation in the first CMC joint. The past history notes that the patient has dry mouth. The right shoulder reveals tenderness to palpation. Plan was Bionicare for bilateral hands and thumbs, second opinionconsult regarding dry mouth, and trigger finger Injections. It is noted the patient does not want medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bionicare for the bilateral hands and thumbs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bionicare.com/what-is-bionicare-system/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: BioniCare knee device; Forearm, Wrist, & Hand (Acute & Chronic):TENS- Other Medical Treatment Guideline or Medical Evidence: <http://www.bionicare.com/>.

Decision rationale: Bionicare for the bilateral hands and thumbs is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. MTUS guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration after a one month trial period for particular patients including post-operative pain patients, CPRS patients; multiple sclerosis or spasticity, neuropathic pain. The ODG states that Bionicare is recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA); but want to defer surgery. The ODG states that Transcutaneous Electrical NeuroStimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. The website for BioniCare states that this is a non-invasive, non-drug treatment option involving electrical stimulation for osteoarthritis (OA) of the knee and treatment option for rheumatoid arthritis (RA) of the hand. The documentation does not reveal rheumatoid arthritis of the hand. Additionally the ODG guidelines do not support electrical stimulation for the hands due to lack of scientific proven efficacy in hand/wrist symptoms. The documentation does not indicate a trial period of one of the conditions the MTUS recommends TENS for.

Dental consultation second opinion regarding dry mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The documentation indicates that the dental consult is for a second opinion for dry mouth. There is no discussion why a second opinion is needed and why the patient needs to have another dental consult. The request for dental consultation second opinion regarding dry mouth is not medically necessary.

