

<b>Case Number:</b>	CM14-0163129		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 29 year old male presenting with chronic pain following a work related injury on 10/18/2013. The claimant was diagnosed with fracture of (L) 5th metacarpal. The claimant is status post ORIF of the fifth metacarpal, irrigation and debridement of open fracture, complex wound closure, neurolysis of ulnar nerve, repair of hypothenar muscles. The claimant also had occupational therapy for 24 weeks. The claimant continued to complain of pain with numbness and tingling of the 4th and 5th fingers. The pain is rated a 7/10. The physical exam showed pain with flexion, extension, radial deviation and ulnar deviation of the left wrist, and 4/5 motor on the left. X-rays showed transverse fracture of 5th metacarpal with 4 hole plate and screws and the fracture is not completely healed. A claim was made for X force Stim with Smart Glove; left hand (to be used as part of home therapy program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X Force Stim With Smart Glove; left hand( to be used as part of home therapy program):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment Page(s): 119.

**Decision rationale:** X Force Stim with Smart Glove; left hand (to be used as part of home therapy program) is not medically necessary. Per MTUS, X force Stim 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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case inferential current was recommended as solo therapy for pain left hand pain. Per MTUS and the previously cited medical literature X force Stim is not medically necessary as solo therapy and his current diagnoses.