

Case Number:	CM14-0183197		
Date Assigned:	11/10/2014	Date of Injury:	06/02/2014
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 & 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 21 year old female with an injury date of 06/02/14. Based on the treater's progress report dated 08/25/14, the patient complains of right wrist pain along with pain in the right thumb with the movement of the wrist and the digit. Physical examination revealed right lateral wrist and thumb tenderness. Progress report dated 08/18/14 provided by the Chiropractor state that the patient complains of pain over right wrist and over right radiocarpal joint. She experiences weakness and pain in right hand wrist with gripping. Physical examination reveals pain and tenderness on palpation of the right wrist. Range of motion studies indicate painful radial deviation. Grip strength tested with JAMAR dynamometer, notch number two, reveal 10/10/8 on right wrist and 20/18/18 on the left wrist. The treater applied a splint and prescribed Naproxen, as per progress report dated 08/25/14. The patient also received 2x week/ 4 weeks of physical therapy, as per Physical Therapy Evaluation dated 08/13/14. The report further states that "Prognosis is good for gradual improvement over the next 4 weeks with consistent physical therapy treatment and a home exercise program." In the progress report dated 09/15/14, the treater states that the patient "improved 50% - pain localized to 1st carpal, metacarpal." The treater notes in the same report that there is an improvement in grip strength as well. Diagnosis, 09/15/14- Tendonitis Wrist- Dequervains Syndrome The Chiropractor is requesting for X-FORCE STIMULATOR (WITH BUILT IN TENS UNIT) TRIAL X90 DAYS, 3 MONTHS SUPPLIES AND CONDUCTIVE GARMENT. The utilization review determination being challenged is dated 10/21/14. The letter states that the rationale is mentioned in the "attached Clinical Peer Review." However, no Clinical Peer Review was found in the documents. Treatment reports were provided from 08/13/14 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force stimulator (with built in TENS unit) trial for 90 days, 3 months supplies and conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient complains of right wrist pain along with pain in the right thumb with the movement, while the physical examination reveals right lateral wrist and thumb tenderness of the wrist or the digit, as per progress report dated 98/25/14. 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 stimulator. 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. In this case, the patient has received physical therapy sessions and benefited from them. In the progress report dated 09/15/14, the treater states that the patient "improved 50% - pain localized to 1st carpal, metacarpal." The treater notes in the same report that there is an improvement in grip strength as well. Also, the current request is for 90 days of trial. MTUS only allows one month trial after which with successful outcome, a home unit is recommended. The request is not medically necessary.