

Case Number:	CM14-0099162		
Date Assigned:	07/28/2014	Date of Injury:	07/24/2013
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management 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:

This is a patient with a date of injury of 7/24/13. A utilization review determination dated 6/25/14 recommended non certification of the requested one month at home based trial of a neurostimulator Tens/EMS units for the left hand and wrist. A progress report dated 5/7/14 has subjective complaints identifying continued intermittent pain to the left wrist rated at a 6/10. She complains of pain radiating to her left hand and fingers, tingling, and a pulsating sensation. Pain increases when lifting, when cold and at night, Pain decreased with meds and when resting. Physical examination findings include mild inflammation with tenderness to palpation over the thenar eminence and mcp of the thumb with triggering of the left thumb and decreased range of motion stating patient is unable to make a fist. Diagnoses include 1. Status post Left wrist surgery 2. Left thumb triggering 3. Left upper extremity radiculopathy 4. Rule out complex regional pain syndrome 5. Chronic pain 6. HTN 7. GERD. Treatment recommended at that time included chiropractic referral to include supervised physiotherapy, acupuncture, range of motion and muscle strength testing, MRI, EMG/NCV, consultation with internist for HTN, TENS/ multi- stim unit as well as a hot/cold pack/wrap. She was also given prescriptions for hydrocodone, cyclobenzaprine, pantoprazole and a topical compound. On 1/10/14 this patient had a release of the extensor tendon sheath of the right wrist. On 1/29/14 she continued to have locking and sticking of the thumb and was given a steroid injection. On 2/12/14 she continued to have triggering of the left thumb and physical therapy was started. On 4/18/14 a physical therapy note stated that after 14 sessions the patient was overall moving better and getting stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of Neurostimulator TENS/EMS left hand / wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for One month home-based trial of Neurostimulator TENS/EMS left hand / wrist, guidelines require support for all included stimulation modalities in order for a multi-modality device to be supported. In regards to the requested TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. Guidelines recommend failure of other appropriate pain modalities including medications prior to TENS unit trial. Regarding the request for electronic muscle stimulator (EMS). Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the currently requested One month home-based trial of Neurostimulator TENS/EMS left hand / wrist is not medically necessary.