

Case Number:	CM14-0212265		
Date Assigned:	01/02/2015	Date of Injury:	04/01/2010
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/18/2014

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 Rehab, 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 69 year-old patient sustained an injury on 4/1/10 when he was working on a production line and suffered a stroke while employed by [REDACTED]. He fell and became unconscious. Request(s) under consideration include Purchase of neuromuscular stimulator electronic shock unit (NMES devices) and supplies, electrodes, batteries, lead wires and Purchase of wrist brace. Diagnoses include Contractures of left hand and CVA. The patient underwent carotid endarterectomy on 8/24/12 and facial surgery. There is history of hypertension, hyperlipidemia, GERD, and diabetes. Conservative care has included medications, therapy modalities, home exercise, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints of depression, back pain and inability to walk independently. Report from the provider noted unchanged exam findings. Of dense left-sided paralysis with contractures of left upper extremity; increased tone in flexion and in the left lower extremity, unable to open the left hand. Diagnosis was cerebrovascular accident with left hemiparesis. The request(s) for Purchase of neuromuscular stimulator electronic shock unit (NMES devices) and supplies, electrodes, batteries, lead wires and Purchase of wrist brace were non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of neuromuscular stimulator electronic shock unit and supplies, electrodes, batteries, lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, muscular electrical stimulation (NMES devices) Page(s): 114-118.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of NMES Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication and therapy, none of which has been demonstrated. There is no documented short-term or long-term goals of treatment with any previous TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief from conservative treatment currently being rendered as part of the functional restoration approach to support the request for the NMES Unit purchase. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The Purchase of neuromuscular stimulator electronic shock unit (NMES device and supplies, electrodes, batteries, lead wires are not medically necessary and appropriate.

Purchase of wrist brace: Upheld

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

MAXIMUS 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); Forearm-Wrist-Hand, Splints, pages 177 and 178.

Decision rationale: In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is required to maintain certain immobilization or assist in functional activity. The patient sustained a stroke with contractures of the left upper extremity, unable to open the left hand. The indication for the wrist brace is unclear as the patient has contractures without need for immobilization. It is also unclear how a stationary fixed wrist brace would assist in functional activity in a patient that sustained a cerebrovascular accident of the central nervous system. There is no specific clinical exam or findings to support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervains, Strains; however, none have been demonstrated to support for this wrist brace purchase. The Purchase of wrist brace is not medically necessary and appropriate.