

Case Number:	CM15-0100156		
Date Assigned:	06/02/2015	Date of Injury:	06/01/2000
Decision Date:	06/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old female, who sustained an industrial injury on 6/1/00. She reported pain in her bilateral upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included carpal tunnel surgery on the right x 2 and an elbow surgery on the left. Current medications include Cymbalta and Celebrex. As of the PR2 dated 4/1/15, the injured worker reports the Alpha-Stim has reduced her pain by 60% and improved her function. Objective findings include limited range of motion in the left wrist, moderate tenderness in the bilateral elbows and moderate muscle tightness across the shoulders. The treating physician requested an unknown box of 100 Alpha-Stim earclip electrode pads and unknown AS-Trode, body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown box of 100 Alpha-Stim earclip electrode pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Microcurrent electrical stimulation (MENS devices).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, microcurrent stimulation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. The ODG states that the requested service is not recommended. Based on the available evidenced conclusions cannot be made concerning MENS on pain management and objective health outcomes. Therefore the request is not medically necessary.

Unknown AS-Trode, body parts: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, microcurrent stimulation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. The ODG states that the requested service is not recommended. Based on the available evidenced conclusions cannot be made concerning MENS on pain management and objective health outcomes. Therefore the request is not medically necessary.