

Case Number:	CM15-0015186		
Date Assigned:	02/03/2015	Date of Injury:	11/11/2011
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 11/11/2011. The current diagnosis includes pain in joint, upper arm. Treatments to date include medication management, chiropractic therapy, and injections. Report dated 01/16/2015 noted that the injured worker presented with complaints that included pain in hand, especially index, extends to dorsum with burning and hypersensitivity. Physical examination was positive for abnormal findings. The utilization review performed on 01/02/2015 non-certified a prescription for Pro-Stim 5.0 plus 3 months of supplies. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Stim 5.0 plus 3 months of supplies: 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 Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Regarding the request for Pro-Stim 5.0, it appears that this unit contains multiple form of electrical stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient has met the criteria outlined above for any supported forms of electrical stimulation and there is no indication or rationale for the use of types of electrical stimulation that are not supported by the CA MTUS. In light of the above issues, the currently requested Pro-Stim 5.0 is not medically necessary.