

Case Number:	CM15-0178446		
Date Assigned:	09/18/2015	Date of Injury:	03/10/2008
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency Medicine

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 (IW) is a 52 year old female who sustained an industrial injury on 03/10/2008. Medical records indicate the worker had left wrist and hand pain with additional pain in the right hand, suspect carpal tunnel syndrome. Treatment to date has included left hand surgery (04-2014), right thumb surgery 08-11-2015, physical occupational therapy, and an esophagogastroduodenoscopy 12-11-2012 for Ibuprofen related stomach issues. In the provider notes of 08-17-2015, the injured worker complains of chronic but persistent gastrointestinal pain. She is seen in this visit (08-17-2015) for her wrist and hand pain. On examination there is full active range of motion of both upper extremities including shoulders and wrists. There is decreased grip strength on the left rating 5- out of 5 compared to the right which is 5 out of five. On the left wrist, extension is 5- out of five when compared to the right which is 5 out of five, and the abductor digiti minimi is also 5- out of 5 on the left when compared to 5 out of five on the right. Neurologically there is intact sensation to light touch and pinprick, Reflexes are normal, there is good capillary refill of the distal upper extremities bilaterally and there is no swelling in the hands or wrists. There is a negative Tinel's at the wrist, and a positive Phalen's sign at the left wrist causing dullness in the first three digits. The plan of care is for continued medical management per primary care physician, and appropriate referrals to gastro intestinal physician, occupational therapists for left wrist, continued, continue home exercises and stretching, and continue night splints. A request for authorization was submitted for Neurostim electrodes 4 electrodes size: 2x2. A utilization review decision 08/31/2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostim electrodes 4 electrodes size: 2x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Neurostim electrodes 4 electrodes size: 2x2 is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has wrist and hand pain. On examination there is full active range of motion of both upper extremities including shoulders and wrists. There is decreased grip strength on the left rating 5- out of 5 compared to the right which is 5 out of five. On the left wrist, extension is 5- out of five when compared to the right which is 5 out of five, and the abductor digiti minimi is also 5- out of 5 on the left when compared to 5 out of five on the right. Neurologically there is intact sensation to light touch and pinprick, Reflexes are normal, there is good capillary refill of the distal upper extremities bilaterally and there is no swelling in the hands or wrists. There is a negative Tinel's at the wrist, and a positive Phalen's sign at the left wrist causing dullness in the first three digits. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Neurostim electrodes 4 electrodes size: 2x2 is not medically necessary.