

<b>Case Number:</b>	CM13-0023063		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant sustained a work related injury on 06/10/2013. The mechanism of injury was not provided. She has diagnoses of left shoulder impingement, bursitis, tendonitis, status post left shoulder arthroscopic glenohumeral synovectomy and debridement with decompression, acromioplasty, and Mumford performed on 10/18/2013. On exam she lacks full external rotation; examination found external rotation to be 25 degrees on the left compared to 75 degrees on the right. The physician has requested 1 NMES Stim Unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 NMES STIM UNIT WITH SUPPLIES ( [REDACTED] ) BETWEEN 1/23/2014 AND 4/28/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** There is no documentation indicating medical necessity for Neuromuscular Electrical Stimulation ( NMES). NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Neuromuscular

Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.