

Case Number:	CM13-0026389		
Date Assigned:	11/22/2013	Date of Injury:	09/04/2012
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York, and Tennessee. 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 physician 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 patient is a 36-year-old male who was injured on September 4, 2012 in work-related motor vehicle accident. The patient complained of headaches, neck pain, lower back pain, and lateral forearm, wrist pain at the time of the accident. The patient continued to experience pain in his neck, lower back, bilateral knees, bilateral ankle/foot, and lower back pain. He underwent cervical spine surgery on February 25, 2013. Diagnoses included bilateral shoulder impingement syndrome, bilateral forearm tenosynovitis, bilateral knee pain, bilateral ankle/foot strain, bilateral carpal tunnel, and cervical spine disease. Treatment included physical therapy, chiropractic therapy, medications, and injections into his knee and wrist. Request for authorization for Orthostim IV electrical muscle stimulation unit was submitted on August 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Orthostim IV electrical muscle stimulation unit: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulations devices (NMES) devices. NMES devices have been used primarily for rehabilitation following an acute stroke and there is no evidence to support its use in chronic pain. 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.