

<b>Case Number:</b>	CM13-0028767		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

This claimant is a 34-year-old male with reported date of injury of 07/29/2012. Mechanism of injury was described as repetitive and prolonged standing, walking, kneeling, stooping, squatting, and reaching at the shoulder level and reaching overhead and pushing and pulling and twisting at the waist. On 08/14/2013, laboratory analysis revealed that no drugs were detected in his system including antidepressants, barbiturates, benzodiazepines, and/or opiates. He was seen in clinic on 10/11/2013 at which time examination revealed no bruising, swelling, atrophy or lesions present in the shoulder bilaterally or in the right elbow or in the right wrist. Radial deviation at the right wrist was 20/20 and ulnar deviation was 30/30. He had 3+ tenderness to palpation at the dorsal wrist and there were muscle spasms in the forearm and median compression tests were positive as was Tinel's sign. Diagnoses included left shoulder sprain/strain, myoligamentous injury, right elbow sprain/strain, right shoulder internal derangement, right shoulder myoligamentous injury and right wrist sprain/strain. The plan going forward was to prescribe a neurostimulator TENS/EMS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for NeuroStimulator TENS/EMS unit:** 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 NMES  
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**Decision rationale:** MTUS chronic pain guidelines state that NMES is "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive physical therapy program. 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. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation." The most recent records include clinical note of 10/11/2013. At that time, there were muscle spasms in the forearm and the MRI revealed a subchondral cyst to the right wrist. His pain was not objectively documented on that report. The records are silent after that date so the current status of this claimant is unknown. MTUS Chronic Pain Guidelines further state that for criteria for use of TENS unit, there should be evidence that other appropriate pain modalities have been tried and failed including medications, and that a 1 month trial period of TENS unit should be documented and there should be a treatment plan including a specific short and long term goals of treatment with the TENS unit. No treatment plan for TENS unit was provided for this review. Guidelines do not specifically endorse NMES unit for this claimant. The current status of this claimant is unknown and therefore this request is not considered medically necessary and is non-certified.