

Case Number:	CM13-0031491		
Date Assigned:	12/04/2013	Date of Injury:	04/12/2013
Decision Date:	03/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Neurology, has a subspecialty Certificate in Neuromuscular Medicine and is licensed to practice in California. 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:

██████████ is a 38 year old man who sustained a work related injury on April 12 2013. He subsequently developed chronic right knee osteoarthritis and lower back pain. According to the report of September 10, 2013, physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg right raise. His EMG/NCV showed bilateral S1 radiculopathy. MRI of the lumbar spine showed multilevel degenerative dis disease. MRI of the knee showed right femoral tendinitis. The provider requested authorization to use neuromuscular electrical stimulation to treat the patient pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Stim 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 122.

Decision rationale: MTUS guidelines do not recommend the use of neuromuscular electrical stimulation for pain management including chronic knee pain. Therefore, Stim unit ██████████) is not medically necessary.

