

Case Number:	CM13-0059644		
Date Assigned:	01/29/2014	Date of Injury:	11/16/2012
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 patient is a 51 year old female who had an industrial injury on November 14, 2012. Diagnoses include status post right shoulder arthroscopy, subacromial decompression, and labral debridement on May 24, 2013 for a right shoulder impingement syndrome; Grade 1 SLAP tear-labral fraying of the right shoulder; lumbosacral strain; bilateral wrist internal derangement; Cervical spine sprain/strain; Cervical radiculitis; Hypertension; Sleep disorder; and Radiculitis lower extremity. There is a request for a neuromuscular stimulator. There is an 8/15/13 orthopedic surgeon progress report which states that the patient complains of radicular neck pain and spasms, burning right shoulder pain, burning bilateral wrist pain and spasms, burning radicular low back pain and spasms and trouble with sleep. On physical exam she has tenderness of the cervical paraspinal muscles, spinous processes C3-7, at the trapezius and rhomboid with decreased range of motion. The right shoulder has tenderness to palpation at the deltoid muscle and AC joint. There is tenderness at the subacromial space, levator scapulae, supraspinatus and rhomboid muscle. There is decreased range of motion. The wrist has tenderness to palpation and carpal bones bilaterally. The sensation is intact in the C5-T1 dermatomes and L4, L5, S1 dermatomes bilaterally. Motor strength is 4/5 in the bilateral upper extremities and bilateral lower extremities. There is tenderness of the lumbar spine and trigger points throughout the lumbar spine. Treatment includes TENS, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMASCULAR STIMULATOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular stimulation is not recommended for chronic pain. Per the MTUS 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. Functional neuromuscular stimulation is used in spinal cord-injured or stroke patients to function independently, or at least maintain healthy and also muscle tone and strength and also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The documentation submitted does not reveal that patient has a history of a stroke, spinal cord injury, or recent knee surgery. Therefore, the request for a neuromuscular stimulator is not medically necessary and appropriate.