

Case Number:	CM14-0001668		
Date Assigned:	01/22/2014	Date of Injury:	03/13/2003
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 42-year-old female who reported an injury of unknown mechanism on 03/13/2002. In the clinical note dated 11/15/2013, the injured worker complained of tingling and numbness in all fingers of both hands. The numbness and the left shoulder pain often precluded restful sleep. The physical examination revealed enhanced tenderness over both the left carpal tunnel and the bicipital groove of the left shoulder. Tinel's and Phalen's sign tests were both positive over both carpal tunnels. The diagnoses included a history of cervical radiculopathy, status post C5-6 cervical fusion dated 08/09/2004, status post left carpal tunnel and ulnar nerve decompression dated 01/10/2005, status post right carpal tunnel and ulnar nerve decompression dated 06/01/2005, persistent left C6 radiculopathy confirmed on electrodiagnostic testing dated 01/25/2008, persistent bilateral median and ulnar neuritis noted by positive provocative findings on examination and persistent left thoracic outlet syndrome confirmed by pulse oximetry and exam was with shoulder tendinopathy. The treatment plan included a magnetic resonance imaging of the left shoulder, electrodiagnostic studies, muscle stimulator unit to be obtained, and a qualitative urine drug screen. The injured worker was prescribed Voltaren 100 mg, Protonix 20 mg, Ultram ER 150 mg, and Norco 10/325 mg. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T. D. NEUROMUSCULAR STIMULATOR WITH ELECTRODES AND CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 121

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Neuromuscular electrical stimulation (NEMS devices) Pa.

Decision rationale: The California MTUS guidelines state that NMES devices are 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. In the clinical documentation provided for review, there was lack of documentation of the injured worker's pain level status, use of conservative therapy, and use of home exercise programs. The guidelines also state that neuromuscular electrical stimulation devices are not recommended for chronic pain, therefore, the request for an A.R.T. D. neuromuscular stimulator with electrodes and conductive garment is not medically necessary.