Case Number:	CM14-0108192		
Date Assigned:	08/01/2014	**Date of Injury:**	11/08/2011
Decision Date:	09/09/2014	**UR Denial Date:**	06/13/2014
Priority:	Standard	**Application Received:**	07/11/2014

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 Interventional Spine 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 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 46 year old with an injury date on 11/8/11. Patient complains of sharp left hip pain per 6/6/14 report. Patient has decreasing knee pain depending on activity per 4/25/14 report, and is increasing her walking at work. Based on the 6/6/14 progress report provided by [redacted] the diagnoses are: 1. left hip abductor myositis2. left GT bursitis; left gluteal myositisExam on 6/6/14 showed "persistent muscle atrophy at left hip." 4/25/14 report added "left hip full range of motion. Quads avoidance gait with excessive gluteal contraction during stance. Tenderness to palpation at left iliac crest and GT bursa." [redacted] is requesting purchase of home electrical stimulation unit. The utilization review determination being challenged is dated 6/13/14. [redacted] is the requesting provider, and he provided treatment reports from 1/27/11 to 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home electrical-stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS Neuromuscular electrical stimulation (NMES devices)(p121) 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 PT 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. (BlueCross BlueShield, 2005) (Aetna, 2005) Page(s): 121.

Decision rationale: This patient presents with hip pain and knee pain. The treater has asked for purchase of home electrical stimulation unit on 6/6/14 "for muscle atrophy." Review of the report shows no history of stroke or risk of stroke. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient has atrophy at the left hip. Treater has asked for purchase of home electrical stimulation unitto treat the atrophy, but MTUS only recommends as a treatment for stroke. The request is not medically necessary.