

Case Number:	CM14-0010948		
Date Assigned:	02/21/2014	Date of Injury:	01/23/2013
Decision Date:	09/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family 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 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:

This 55 year old female patient reported an industrial injury to the wrists on 1/23/2013, 20 months ago, attributed to the performance of her customary job tasks. The patient received conservative treatment and subsequently underwent right CTR. The patient complains of bilateral CTS pasin. The treatment plan for the bilateral wrists included the prescription of the ART 3 muscle stimulator unit for three (3) months including a conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART3 UNIT X3 MONTH RENTAL, STANDARD ELECTRODES 2", CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines transcutaneous electrotherapy ,; interferential current stimulation Page(s): 115,118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation; lower back chapter IF therapy; NMES;

Decision rationale: There was no objective evidence to support the medical necessity of the purchase of a Neuromuscular stimulator with supplies (ART-D NMES) for the treatment of the bilateral wrists for the diagnosis of CTR and CTS for the effects of the industrial injury. As outlined below, the ACOEM Guidelines 2nd edition states that there is insufficient evidence to support the use of interferential muscle stimulation. The chronic pain chapter of the ACOEM Guidelines does not recommend the use of IF Units or NMES units for the treatment of wrist pain. There is no objective evidence provided by the provider to support the medical necessity of the requested NMES or IF electrical muscle stimulator in the form of the ART 3 Muscle stimulator with garment for the treatment of the effects of the cited industrial injury. The CA MTUS and the Official Disability Guidelines do not recommended the use of an Interferential Muscle stimulator unit as an isolated intervention; however, if used anyway there are certain criteria to meet prior to authorization. The requested NMES and supplies is a multiple channel stimulator that is reported by the vendor to alternate between the use of neuromuscular stimulation for strengthening and interferential stimulations for pain relief. The NMES was requested to treat the chronic wrist pain due to CTS. Evidence based guidelines do not support the use of NMES or interferential muscle stimulation for the treatment of the wrist. Since the NMES is a multiple channel stimulator and the NMES and Interferential muscle stimulation components are not recommended by evidence-based guidelines, then the whole devise is not recommended or considered medically necessary or reasonable for the treatment of chronic CTS pain. The use of a neuromuscular stimulator for the reduction of pain or control spasms is not demonstrated to be medically necessary/reasonable or meet the criteria recommended by the currently accepted evidence-based guidelines. The use of a neuromuscular electrical stimulation (NMES) devise with the two waveforms of NMES and Interferential muscle stimulation for chronic lower back pain is not recommended by the ACOEM Guidelines, the Official Disability Guidelines, AETNA, or the Blue Cross Guidelines. There was no demonstrated medical necessity for the prescribed ART 3 muscle stimulator with supplies, electrodes, and a garment for a 3 month rental.