

Case Number:	CM14-0011698		
Date Assigned:	02/21/2014	Date of Injury:	06/30/2012
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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:

The patient is a 63-year-old female who has submitted a claim for internal derangement of the right shoulder, lumbar sprain with probable underlying lumbar disc degeneration with bulging along the anterolisthesis of L4-L5, and internal derangement of the right knee associated with an industrial injury date of May 30, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent right knee and right shoulder pain. The knee pain was associated with stiffness after prolonged periods of sitting. The shoulder pain occurs on lifting the arm, getting up in the morning and trying to go to sleep. There was associated weakness of the shoulder. Physical examination showed medial joint line tenderness of the right knee. There was no tenderness of the right shoulder. Speed's test and impingement was moderately positive. Motor strength and sensation was intact. Range of motion was within normal. There was patellofemoral crepitus noted. MRI of the right knee, dated April 5, 2013, revealed tricompartmental osteoarthritis, a 3mm loose body, and degenerative medial meniscus tear. Treatment to date has included medications, acupuncture, chiropractic therapy, home exercise program, activity modification, viscosupplementation injections to the right knee, and right knee arthroscopic partial medial meniscectomy with chondroplasty. Utilization review, dated January 10, 2014, denied the request for six (6) months NexWave combo stim unit rental, 24 electrodes, and 24 batteries because there is was no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHS NEXWAVE COMBO STIM UNIT RENTAL, 24 ELECTRODES, 24 BATTERIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; Interferential Current Stimulation; Neuromuscular Electrical Stimulation Page(s): 114-116; 118-120; 121.

Decision rationale: Nexwave unit combines traditional TENS (transcutaneous electrical nerve stimulation), interferential and neuromuscular electrical stimulation in one unit. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, patient has persistent right knee and shoulder pain. Medical records submitted and reviewed failed to provide a rationale for this request. In addition, there was no mention regarding failure of conservative treatment. The most recent progress report did not document that patient is actively participating in a home exercise program. The use of electrotherapy should be used in conjunction with exercise. There is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, California MTUS does not consistently recommend interferential and NMS electrotherapy. Furthermore, a treatment plan including the specific short- and long-term goals of treatment with the NexWave unit was not identified. Guideline criteria were not met. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for 6 months Nexwave Combo Stim Unit Rental, 24 electrodes, 24 batteries is not medically necessary.