

<b>Case Number:</b>	CM14-0018016		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 55 year old female who was injured on 08/19/2009. The mechanism of injury is unknown. Progress report dated 01/07/2014 states the patient presented to the office in a depressed mood secondary to chronic pain, her quadriplegia and frustration with getting authorization for an electrical stimulation stationary bicycle. She is diagnosed with quadriplegia, major depression, and chronic pain disorder. She was given Cymbalta 30 mg, Lunesta 3 mg, and instructed to continue modified cognitive behavioral therapy. On letter of medical necessity dated 01/09/2014, it is felt that the request stated below is necessary to maintain her physical condition and to minimize concomitant medical complications. Its purpose is for relaxation of muscle spasms, prevention or retardation of disuse atrophy, increasing local blood circulation, and maintaining or increasing range of motion. It is felt that she is a good candidate for this rehabilitation treatment plan. Prior utilization review dated 01/14/2014 states the request for for RT300-SLSA FES leg and arm cycle rehabilitation system purchase is denied as is not indicated as medically reasonable or necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RT300-SLSA FES LEG AND ARM CYCLE REHABILITATION SYSTEM PURCHASE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 114,121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neuromuscular Electrical Stimulation Other Medical Treatment Guideline or Medical Evidence: <http://www.restorative-therapies.com/rt300legh><http://www.fda.gov/MedicalDevices/default.htm>.

**Decision rationale:** MTUS guidelines do not directly address the request. According to ODG guidelines, Neuromuscular Electrical Stimulation is indicated for spinal cord patients that have "muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently" and "ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes" and "ability to demonstrate hand and finger function to manipulate controls." However, according to the provided medical records, the patient does not meet these guideline criteria. The request is not medically necessary and appropriate.