

<b>Case Number:</b>	CM14-0018852		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/24/2005
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 39-year-old who has submitted a claim for adhesive capsulitis of shoulder, bicipital tenosynovitis, cervical degenerative disc disease, myalgia and myositis, and depressive disorder associated with an industrial injury date of July 24, 2005. Medical records from January 16 to December 18, 2013 were reviewed and showed that patient complained of chronic neck, right shoulder, and right arm pain with associated muscle spasms and numbness, tingling, and weakness of the affected limbs. Physical examination showed tenderness over the spinous processes of C5, C6, and C7, and paravertebral muscles, and over the trapezius. Spasms were also noted. Range of motion of the cervical spine was limited. Hyporeflexia was noted on the bilateral biceps and triceps reflexes, and on the right brachioradialis reflex. Light touch sensation was patchy in distribution, hyperesthesia was present over the lateral forearm on the right side. Temperature sensation was patchy in distribution with increased warmth on the lateral forearm. Treatment to date has included medications, physical therapy, acupuncture, aquatic therapy, trigger point injections, and shoulder surgery. Utilization review, dated February 7, 2014, denied the request for muscle stimulator with electrodes because it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MUSCLE STIMULATOR WITH ELECTRODES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES (Neuromuscular Electrical Stimulation) Devices Page(s): 114 - 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY AND NMES Page(s): 114-121.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The Chronic Pain Medical Treatment Guidelines 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, the patient presented with chronic neck, right shoulder, and right arm pain with upper extremity symptoms despite medications, TENS (transcutaneous electrical nerve stimulation), and other treatment modalities. However, there is no discussion regarding a concurrent exercise program, which is a necessary adjunct with the use of this modality. Moreover, patient is in chronic phase of her condition; a stimulator is recommended during the acute phase as stated above. The request likewise failed to specify if the device is for rental or purchase. Therefore, the request for a muscle stimulator with electrodes is not medically necessary or appropriate.