

Case Number:	CM14-0151240		
Date Assigned:	09/19/2014	Date of Injury:	11/09/2010
Decision Date:	11/18/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation, 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:

According to the records made available for review, this is a 45-year-old female with an 11/9/10 date of injury, and left carpal tunnel release in 2011. At the time (6/17/14) of request for authorization for Home electrical stimulator with patches, there is documentation of subjective (left hand pain) and objective (contracture of the first and second digits noted and vasomotor change associated with hyperalgesia and weakness) findings, current diagnoses (possible left median nerve causalgia with first and second digit contracture and vasomotor change), and treatment to date (medications and treatment with electrical stimulation unit). There is no documentation of NMES used as part of a rehabilitation program following stroke.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home electrical stimulator with patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic

Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of possible left median nerve causalgia with first and second digit contracture and vasomotor change. However, there is no documentation of NMES used as part of a rehabilitation program following stroke. Therefore, based on guidelines and a review of the evidence, the request for Home electrical stimulator with patches is not medically necessary.