

<b>Case Number:</b>	CM14-0160817		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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, has a subspecialty in Pain 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 injured worker is a 37-year-old female who sustained an injury on 10/29/12. As per 8/29/14 report, she presented with right hand pain, right forearm pain and left wrist pain. Hand pain was described as sharp, cramping, pulsating, throbbing, constant and mild with associated symptoms of weakness, numbness, and dropping things unexpectedly and signs of depression due to pain. Left wrist pain was described as dull, constant, low-grade, moderate and functionally interfering with associated symptoms of numbness and slight tingling. No objective/neurological findings were documented from this visit. Electrodiagnostic study on 12/22/12 revealed normal electrodiagnostic study of both upper limbs. X-rays of the right and left wrist revealed well-maintained intercarpal angles. No evidence of osteonecrosis, arthritic changes, or acute fractures. X-rays of the right and left hand revealed no evidence of osteonecrosis, arthritic changes, or acute fractures. Current medications include Percocet, Anaprox, Xanax, Prilosec, Tramadol, Terocin patch, and Ultram ER. Medications reportedly helped her with pain. As per the report of 3/27/14, surgery has provided 90% relief from numbness. On 5/14/14, A.R.T. (neuromuscular stimulator) unit purchase was recommended to apply to affected area, for pain, swelling and spasms control, over clean skin, 3 times per day on an as needed basis, one unit per purchase. Diagnoses include pronator tunnel (primary), right, DeQuervains, right, carpal tunnel syndrome; right, tendinitis wrist; left, epicondylitis (lateral), right. The request for 1 Rental of one month A.R.T. Stim Unit, purchase of 1 sleeve glove conductive garment, 3 pack electrodes as an outpatient for the right wrist was denied on 9/2/14 due to insufficient information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Rental of one month Art Stim Unit purchase of 1 sleeve glove conductive garment, 3 pack electrodes as an outpatient for the right wrist.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES devices Page(s): 121.

**Decision rationale:** Per guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke. Also it is used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. However there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, there is no documentation of stroke or knee surgery. The records do not indicate that the criteria for this device are met. Therefore, the requested device is considered not medically necessary per guidelines and based on the submitted records.