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| Case Number: | CM14-0063353 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/28/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 and Rehabilitation and is licensed to practice in Texas. 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:

This is a 41-year-old male who Sustained injury on 07/27/2011 while loading boxes in the truck when the boxes from the slide gave out and fell on top of him. He injured his lower back and right wrist. Treatment history includes physical therapy and medications (Voltaren, Protonix, Flexeril, and Ultram ER). There are no recent progress reports available for review with detailed comprehensive subjective and objective findings related to the right wrist. The progress report dated 05/19/2014 indicates he presented with some residual low back pain which is aggravated by many simple activities of daily living. Physical exam showed some tenderness in the lower Para lumbar region principally on the left side. SLR was negative. No focal tenderness about the wrist is noted at the time of this exam with negative provocative testing. Diagnoses were lumbar strain, right wrist TFCC strain, and previous history of sciatica, 2005, industrial. UR dated 04/18/2014 indicates the request for neuromuscular stimulator was not medically necessary because there is no indication as to whether or not the patient has utilized this device on a trial basis prior to this request. The medical necessity for the requested 3-month rental was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of ART-D Neuromuscular Stimulator and purchase of conductive garment for right wrist for 3 month home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121 page 114.

Decision rationale: According to the guidelines, neuromuscular electrical stimulation (NMES devices) is not medically necessary. NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting any benefit from NMES for chronic pain. The medical records do not document any objective findings of the right wrist to warrant consideration for any therapeutic devices therefore, this request is not medically necessary.