

Case Number:	CM14-0132250		
Date Assigned:	08/22/2014	Date of Injury:	01/21/1994
Decision Date:	01/26/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Neuromuscular 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 60 year old female who suffered an unknown work related injury on 01/21/94. Per the physician notes from 07/09/14 she complains of ongoing pain to the left hip, lumbar spine, and right shoulder. Her diagnoses include left hip strain/sprain, status post lumbar fusion, impingement syndrome of the right shoulder, and rotator cuff tear right shoulder. Physical exam shows tenderness and decreased range of motion to the left hip, lumbar spine, and right shoulder. The requested treatment is a NESS L300 functional electrical stimulator, Transcutaneous Stimulator of Nerve Muscle groups. This request was denied by the Claims Administrator on 08/12/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: NESS L300, Functional Electrical Stimulator, Transcutaneous Stimulation of Nerve Muscle Groups, Complete System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (updated 6/5/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

Decision rationale: DME: NESS L300, Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve Muscle Groups, Complete System is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that neuromuscular electrical stimulation is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation does not indicate that the patient's condition is due to a stroke. Therefore, the request for DME: NESS L300, Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve Muscle Groups, Complete System is not medically necessary.