

Case Number:	CM14-0174918		
Date Assigned:	10/28/2014	Date of Injury:	12/23/2013
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Interventional Spine 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 patient is a 52 year old female with an injury date on 12/23/2013. Based on the 09/24/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical myospasm2. Cervical sprain and strain3. Left elbow pain4. Right wrist internal derangement5. Right wrist myofascitis6. Left wrist painAccording to this report, the patient complains of the right wrist "feels stretching and lumps" and frequent mild pain at the neck, left elbow, and bilateral wrist. Physical exam reveals decrease cervical range of motion that is painful. Tenderness is noted over the cervical paraspinal muscles, anterior elbow, dorsal wrists and volar wrists. Shoulder decompression, cervical compression, foraminal compression test, Cozen's, Varus, Valgus stress test, Finkelstein's, and Carpal compression causes pain. There were no other significant findings noted on this report. The utilization review denied the request for One month home trial of a prime dual Neurostimulator TENS/EMS unit on 10/09/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/07/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home trial of a prime dual Neurostimulator TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENs Unit Page(s): 114-116.

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

Decision rationale: According to the 09/24/2014 report, this patient presents with frequent mild pain at the neck, left elbow, and bilateral wrist. Per this report, the current request is for One month home trial of a prime dual Neurostimulator TENS/EMS unit "to decrease pain and decrease the need for oral medication." MTUS does not support neuromuscular stimulator (NMES) except for stroke rehabilitation and clearly states that this form of stimulation is not recommended. This patient presents with neck and upper extremity pain and has not been diagnosed with a stroke, which is the only condition this stimulator is recommended for use. Therefore, this request is not medically necessary.