

Case Number:	CM15-0146377		
Date Assigned:	08/07/2015	Date of Injury:	03/04/2002
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 3-4-02. The injured worker has complaints of cervical spine pain. The injured worker complaints of neck pain radiating down both arms associated with tingling and numbness in both arms and hands. The documentation noted range of motion is decreased with pain and that the injured worker exhibits tenderness. The diagnoses have included chronic pain syndrome. Treatment to date has included cervical spine surgery in 2002, 2005 and 2010; arthroscopy shoulder on 12-15-11 and 8-28-12; rotator cuff repair on 8-28-12; medications and computerized tomography (CT) scan of the lumbar spine on 4-6-15. The request was for muscle stimulator supplies: patches, leads and wires for 6 months; muscle stimulator purchase and magnetic resonance imaging (MRI) of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator supplies: patches, leads and wires for 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Section, Neuromuscular Stimulator.

Decision rationale: This claimant was injured in 2002. There were complaints of neck pain radiating down both arms associated with tingling and numbness in both arms and hands. The diagnoses have included chronic pain syndrome. Treatment to date has included cervical spine surgery in 2002, 2005 and 2010; arthroscopy shoulder on 12-15-11 and 8-28-12; rotator cuff repair on 8-28-12; medications and computerized tomography (CT) scan of the lumbar spine on 4-6-15. Outcomes of objective, functional benefit in a trial of a muscle stimulator is not noted. The supplies are being request for a unit that would be capable of muscle stimulation. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite: "Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the unit is appropriately non certified. As the unit is not certified, these supplies would likewise be non-certified. The request is not medically necessary.

Muscle stimulator purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Section, Neuromuscular Stimulator.

Decision rationale: As shared previously, this claimant was injured in 2002. There were complaints of neck pain radiating down both arms associated with tingling and numbness in both arms and hands. The diagnoses have included chronic pain syndrome. Treatment to date has included cervical spine surgery in 2002, 2005 and 2010; arthroscopy shoulder on 12-15-11 and 8-28-12; rotator cuff repair on 8-28-12; medications and computerized tomography (CT) scan of the lumbar spine on 4-6-15. Outcomes of objective, functional benefit in a trial of a muscle stimulator is not noted. The proposed unit would be capable of muscle stimulation. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite: "Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the unit is appropriately non certified. As the unit is not certified, these supplies would likewise be non-certified. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.odg-twc.com/odgtwc/shoulder.htm](http://www.odg-twc.com/odgtwc/shoulder.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: As previously noted, this claimant was injured in 2002. There were complaints of neck pain radiating down both arms associated with tingling and numbness in both arms and hands. The diagnoses have included chronic pain syndrome. Treatment to date has included cervical spine surgery in 2002, 2005 and 2010; arthroscopy shoulder on 12-15-11 and 8-28-12; rotator cuff repair on 8-28-12; medications and computerized tomography (CT) scan of the lumbar spine on 4-6-15. Outcomes of objective, functional benefit in a trial of a muscle stimulator is not noted. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.