

<b>Case Number:</b>	CM15-0184183		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 44 year old male, who sustained an industrial injury on 5-21-2013. The injured worker is being treated for status post open reduction internal fixation (ORIF) left thumb proximal phalanx intra-articular fracture, left cubital tunnel syndrome, left long trigger finger, closed head injury, right knee pain and left wrist slight decreased range of motion. Treatment to date has included surgical intervention, occupational therapy, corticosteroid injections and medications including NSAIDs. Per the Primary Treating Physician's Progress Report dated 7-20- 2015, the injured worker reported some improvement in the left long finger with corticosteroid injection with less triggering in the finger and less discomfort. He still has numbness and tingling in the left hand and discomfort in the left medial elbow. He is taking ibuprofen intermittently, it is not working. An objective finding included tenderness along the A1 pulley with triggering there was positive Tinel's at the left ulnar nerve at the elbow and decreased sensation along the left hand to light touch. An injection was administered to the left long finger. The plan of care included possible surgical intervention. Authorization was requested for neuromuscular electrical stimulation for the left hand. On 8-19-2015, Utilization Review non-certified the request for NEMS 2-3x for one day to the left hand citing lack of medical necessity per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NMES 2-3x for 1 day to the left hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** Per MTUS guidelines, neuromuscular electrical stimulation (NMES) 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. There are no intervention trials suggesting benefit from NMES for chronic pain. There is no evidence in the available documentation that the injured worker has suffered a stroke and NMES is not recommended for chronic pain, therefore, the request for NMES 2-3x for 1 day to the left hand is not medically necessary.