MAXIMUS Federal Services

Case Number:	CM15-0033708		
Date Assigned:	02/27/2015	Date of Injury:	01/21/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 with an industrial injury dated January 21, 2013. The injured worker diagnoses include cervicalgia, lumbago, joint derangement of shoulder, and internal derangement of knee. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/16/2015, the injured worker reported constant pain in the cervical spine, low back, bilateral shoulder and frequent pain in the bilateral knee. The treating physician noted palpable tenderness with spasm in the cervical and lumbar spine. Spurling's maneuver and axial loading compression test were both positive. Cervical spine revealed a limited range of motion with pain. Lumbar spine exam revealed guarded and restricted range of motion. Seated nerve root test was positive. Knee exam revealed tenderness, positive patellar grind test, positive McMurray and crepitus with painful range of motion. Shoulder exam revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were noted to be positive. The treating physician prescribed services for deep muscle stimulator #1 now under review. Utilization Review determination on January 28, 2015 denied the request for deep muscle stimulator #1, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep muscle stimulator #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, NMES, page 48.

Decision rationale: The ACOEM, MTUS do not mention the use muscle stimulators within electrical stimulation categories or pain. The literature regarding muscle stimulators lacks evidence to support its use. NMES (Neuromuscular stimulation devices) noted in the ODG guidelines are recommended for short term use during rehabilitation in the post-operative period. In this case, the claimant was not prescribed the NMES post-operatively; the length of use was not specified. Therapy with or without muscle stimulation does not improve muscle strength. The use of a muscle stimulator is not medically necessary.