

<b>Case Number:</b>	CM15-0059266		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 38 year old male, who sustained an industrial injury on 7/23/14. He reported initial complaints to neck and upper back, right shoulder and right elbow. The injured worker was diagnosed as having right shoulder impingement syndrome; right elbow/forearm lateral epicondylitis; cervical spine musculoligamentous sprain/strain. Treatment to date has included chiropractic therapy; physical therapy; cervical spine MRI (10/16/14); medications. Currently, PR-2 notes dated 3/11/15, the injured worker complained of posterior aspect of his neck pain that radiates to the right shoulder. The notes indicate the pain is better with rest and medications (Norco). He has completed the physical therapy and is requesting additional 12 visits with a refill of the Norco. The denial of a purchase of 1 home electrical muscle stimulation unit for purchase between 3/19/15 and 5/3/15 is requested on 3/4/15 but there are no notes for this date in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of 1 home electrical muscle stimulation unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 121.

**Decision rationale:** Per MTUS: Neuromuscular electrical stimulation (NMES devices). 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. (Moore, 1997) (Gaines, 2004) 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. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinalcord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) Per review of the clinical documentation provided, this device for electrical stimulation was recommended as a primary treatment of chronic pain issues. As per guidelines, cited above, this would not be recommended for sole treatment purchases. Also, the purchase of this device would not be recommended as there are no studies to suggest that they benefit a patient who has chronic pain issues. Therefore, the requested medical treatment is not medically necessary.