

<b>Case Number:</b>	CM14-0136149		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 and Rehabilitation 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:

This patient sustained an injury to the upper extremities on 10/22/10 while employed by [REDACTED]. Request(s) under consideration include Neuromuscular stim for shock (retrospective for date of service 10/24/2011). Diagnoses include carpal tunnel syndrome s/p release of right and exploration on 2/24/10; cervical radiculopathy. The patient continued to treat for chronic bilateral hand pain with associated numbness, tingling, and feeling of pins and needles. Electrodiagnostic studies of 10/10/11 showed mild bilateral CTS. The patient continued with home exercise. MR Arthrogram of left wrist on 10/17/11 showed partial tear of scapholunate ligament; small central perforation of triangular fibrocartilage; dorsal subluxation of distal ulnar relative to radius with possible instability; tendinosis of ECP tendon and ganglion cyst. Functional capacity evaluation of 10/21/11 noted patient capable of light duty work not conducive to heavy work of job. The patient remained off work. The request(s) for Neuromuscular stim for shock (retrospective for date of service 10/24/2011) was deemed not medically necessary on 7/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuromuscular stim for shock (retrospective for date of service 10/24/2011):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 151.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, Page(s): 115-118.

**Decision rationale:** Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The Neuromuscular stim for shock (retrospective for date of service 10/24/2011) is not medically necessary and appropriate.