

<b>Case Number:</b>	CM14-0152445		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 47 yo female who sustained an industrial injury on 01/09/2012. The mechanism of injury was not submitted for review. Her diagnosis is chronic left shoulder pain. She continues to complain of neck and left shoulder pain and on physical exam has pain with cervical range of motion. Motor and sensory exams are normal. Treatment has included medical therapy, physical therapy, cervical epidural steroid injection, acupuncture, and use of a TENS unit. The treating provider has requested 5 month rental of a Nexwave unit, electrodes and 9 volt batteries. The treating provider has requested 5 month rental of a Nexwave unit, electrodes and 9 volt batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) month rental of a Nexwave Unit, Electrodes and 9 volt batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

**Decision rationale:** The requested device incorporates interferential current stimulation, conventional TENS therapy, and neuromuscular electrical stimulation in one device. Per the

reviewed guidelines, one of the modalities in this multimodality unit, namely neuromuscular stimulation is not recommended in the chronic pain context. Neuromuscular electrical stimulation per the reviewed guidelines should be reserved for post-stroke rehabilitation. Medical necessity for the requested item has not been established. Therefore the request is not medically necessary.