

Case Number:	CM14-0157035		
Date Assigned:	09/30/2014	Date of Injury:	05/21/2013
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain Medicine 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:

The injured worker is a 39-year-old male with an original date of injury of May 21st 2013. The mechanism of injury was a fall and the patient's struck his shoulder and cut his hand in garbage. The covered body regions include the right hand and left shoulder. The disputed issue is a request for a multimodal stimulator unit plus supplies for 5 months. It is noted that the patient also has an H wave stimulation unit already for home use. A utilization review determination on September 8, 2014 had noncertified this request, citing California Medical Treatment and Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 month Multi-Stim Unit Rental w/ Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulator.

Decision rationale: In the case of this request for a multi-modal stimulator unit, these units typically comprise different modalities including interferential stimulation and neuromuscular stimulation in addition to traditional TENS therapy. The California Medical Treatment and

Utilization Schedule specifically recommends against NMES. The Chronic Pain Medical Treatment Guidelines on page 121 state the following regarding 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). Given this, 5 month Multi-Stim Unit Rental w/ Supplies is not medically necessary.