

Case Number:	CM14-0173002		
Date Assigned:	10/23/2014	Date of Injury:	06/06/2008
Decision Date:	12/02/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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:

There were 76 pages provided for this review. The application for independent medical review was dated October 20, 2014. It was for a multi-stim unit 30 day rental for the left knee. There was a peer review report. The date of birth was [REDACTED] and the date of injury was June 6, 2008. Per the records provided, this is a 41-year-old female was injured on June 26, 2014 by a fall from her chair. As of July 30, 2014, [REDACTED] noted there was a diagnosis of cervical radiculitis, rule out discopathy, thoracic sprain strain and lumbar radiculitis. Subjective findings show sharp pain in the left arm rated seven out of 10 radiating down to the left wrist with sharp aching and pain in the mid back rated nine out of 10 with sharp pains and spasm. She complained of sharp left shoulder pain rated eight out of 10. Low back pain was rated nine out of 10. The pain was rated eight out of 10. Right foot pain was rated seven out of 10 and she complains of sleep disturbance. Physical exam showed tenderness in the cervical, thoracic and lumbar spine with restricted range of motion and paraspinal spasms. There was a positive left straight leg raise at 80 degrees. There was tenderness to the right shoulder with spasm and restricted range of motion and positive left apprehension test. There was tenderness to the left lateral epicondyles with and range of motion pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit for the left knee, QTY: 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions. Moreover, the proposed unit would use multi-stim features, including NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines does not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite:"Under study. 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." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a rental of the unit is not medically necessary.