

Case Number:	CM14-0181362		
Date Assigned:	11/06/2014	Date of Injury:	08/16/2012
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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:

The patient is a 32-year-old female who has submitted a claim for cervical sprain with radiculitis, bilateral shoulder sprain, bilateral wrist sprain, and bilateral thumb pain associated with an industrial injury date of 8/16/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain rated 8/10 in severity radiating to the right upper extremity. Pain was associated with numbness and tingling sensation. The patient likewise experienced bilateral shoulder and wrist pain resulting to difficulty in grasping and gripping activities. Physical examination of the neck showed tenderness, full range of motion, negative Spurling's maneuver, and intact sensation. Examination of the right shoulder showed full range of motion, normal strength and negative impingement sign. Treatment to date has included physical therapy and medications. The utilization review from 9/29/2014 denied the request for 1 month home based trial of a neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator unit because it was only recommended primarily as part of a rehabilitation program following stroke.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home based trial of a neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: As stated on page 121 of CA MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (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. 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 physical therapy (PT) program. In this case, patient complained of neck pain rated 8/10 in severity radiating to the right upper extremity. Pain was associated with numbness and tingling sensation. The patient likewise experienced bilateral shoulder and wrist pain resulting to difficulty in grasping and gripping activities. Symptoms persisted despite physical therapy and medications. However, the use of NMES is not recommended for chronic pain as, per guidelines. There is no discussion concerning need for variance from the guidelines. Moreover, there is no mention if physical therapy is continued with the use of NMES; NMES is not recommended as a solitary form of treatment modality. Therefore, this request is not medically necessary.