

<b>Case Number:</b>	CM14-0211149		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 58-year-old male with an injury date of 08/27/14. Based on the 11/12/14 progress report provided by treating physician, the patient complains of neck, bilateral shoulder pain and triggering digits. Physical examination to the left shoulder on 11/12/14 revealed limited range of motion. Positive crepitus and positive Hawkin's with painful arc. MRI of the cervical spine revealed positive bulge at C4-5 and C6-7. Patient had cortisone injection to the right subacromial bursa with good relief and is pending injection to the left shoulder. Physical therapy note dated 11/12/14 showed patient started treatment. The patient is on modified duty. Diagnosis 10/24/14, 11/12/14- stenosis A1 pulley right long finger- stenosis A1 pulley left index, long and ring finger- severe cervical strain, rule out central canal stenosis with root impingement- bilateral impingement syndrome possible supraspinatus tendon tears The utilization review determination being challenged is dated 12/10/14. Treatment reports were provided from 08/27/14 - 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds4 + INF stimulator, rental, 3 months, \$370 plus \$120 for electrodes per month:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS, NMES Page(s): 120-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Pa.

**Decision rationale:** The patient presents with neck, bilateral shoulder pain and triggering digits. The request is for MEDS 4+ INF STIMULATOR RENTAL, 3 MONTHS, \$370 PLUS \$120 FOR ELECTRODES PER MONTH. Patient's diagnosis on 11/12/14 included severe cervical strain, rule out central canal stenosis with root impingement; and bilateral impingement syndrome possible supraspinatus tendon tears. Patient had cortisone injection to the right subacromial bursa with good relief and is pending injection to the left shoulder. Physical therapy note dated 11/12/14 showed patient started treatment. The patient is on modified duty. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) MTUS Guidelines, page 121, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Neuromuscular electrical stimulation (NMES devices) states: "Neuromuscular electrical stimulation: 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)" Treater has not discussed reason for the request, nor how the device will be used. The reports show the requested treatment is not intended as an isolated intervention as physical therapy note was submitted. With regards to interferential unit, there is no evidence or discussion that pain is not effectively controlled due to unresponsiveness to conservative measures, substance abuse or pain due to postoperative conditions. Furthermore, there is no evidence to support use of NMES for chronic pain. The request does not meet guideline recommendations, therefore rental of MED 4+ INF unit with supplies IS NOT medically necessary.