

<b>Case Number:</b>	CM14-0059317		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/14/2007
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male worker with a date of injury of January 14, 2007. The mechanism of injury is unknown. Diagnoses include cervical spine sprain/strain, right shoulder sprain/strain, right shoulder impingement, lumbar spine disc bulge with radiculopathy, lumbar spine disc degeneration desiccation, left knee sprain/strain and right knee internal derangement. On October 26, 2011, an MRI of the right knee showed small rounded regions of diminished signal in the distal femur, a chondral defect at the trochlear surface of the lateral femoral condyle at the patellofemoral joint compartment and small joint effusion. On November 16, 2011, the injured worker complained of increasing pain radiating from his low back down into his right leg. Physical examination revealed tenderness to palpation of the popliteal fossa lateral knee and infrapatella. He had full range of motion of the right knee but positive crepitus was noted. Notes from April 17, 2014, indicated that the pain remained unchanged. Treatment modalities included acupuncture, range of motion, muscle testing and medications. He stated that his pain was poorly controlled with the medications. A request was made for neuromuscular stim for shock. On April 23, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request: Neuromuscular Stimulator for Shock (DOS: 10/27/2010): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Device (NMES).

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulations devices (NMES) devices. NMES devices have been used primarily for rehabilitation following an acute stroke and there is no evidence to support its use in chronic pain. IN this case there is no indication for the use of the EMS device. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. In this case the patient is not in rehabilitation for an acute stroke. NMES is not indicated. The request should not be authorized.