

Case Number:	CM15-0013532		
Date Assigned:	02/02/2015	Date of Injury:	02/20/2003
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: Family Practice

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 59 year old male, who sustained an industrial injury on 2/20/03. He has reported pain in the upper arm. The diagnoses have included osteoarthritis and left rotator cuff tear, left knee injury, neck, thoracic and lumboscaral sprain. Treatment to date has included medications, diagnostics, surgery, and physical therapy. Currently, as cited in the utilization review, the injured worker complains of neck, thoracic and lumbosacral sprain/strain with pain and history of left rotator cuff tear and left knee injury. As cited by the utilization review per phone call dated 1/9/15 to the requesting physician, the new RS41 Plus device was requested by the injured worker and he has not evaluated the injured worker for the device and does not know whether it has been helpful or not. There were no recent documents noted. On 1/9/15 Utilization Review non-certified a request for RS41 Plus, purchase and Stimulation supplies (pads) 8 electrodes monthly as needed, noting that given lack of proven benefit and actual prescription of the device from a physician, ongoing use is not medically necessary. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS41 Plus, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy , Neuromuscular electrical stimulation (NMES devices) Page(s): pag. Decision based on Non-MTUS Citation <http://www.rsmedical.com/product-rs4iplus.asp>

Decision rationale: According to the manufacture's website for the RS4I Plus, this unit consists for Interferential stimulation for pain relief and Neuromuscular electrical stimulation (NMES) for muscle rehabilitation. The MTUS guidelines specifically state that Neuromuscular electrical stimulation is not recommended. The MTUS guidelines state that neuromuscular electrical stimulation 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 neuromuscular electrical stimulation for chronic pain. Given that the neuromuscular electrical stimulation is not supported, the request for RS4I Plus, purchase is not medically necessary.

Stimulation supplies (pads) 8 electrodes monthly as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy , Neuromuscular electrical stimulation (NMES devices) Page(s): 113. Decision based on Non-MTUS Citation <http://www.rsmedical.com/product-rs4iplus.asp>,

Decision rationale: According to the manufacture's website for the RS4I Plus, this unit consists for Interferential stimulation for pain relief and Neuromuscular electrical stimulation (NMES) for muscle rehabilitation. The MTUS guidelines specifically state that Neuromuscular electrical stimulation is not recommended. The MTUS guidelines state that neuromuscular electrical stimulation 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 neuromuscular electrical stimulation for chronic pain. The request for the purchase of this unit is not medically necessary and therefore the request for Stimulation supplies (pads) 8 electrodes monthly as needed is also not medically necessary.