MAXIMUS Federal Services

Case Number:	CM15-0176119		
Date Assigned:	09/17/2015	Date of Injury:	05/22/2014
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 62-year-old who has filed a claim for chronic knee, leg, hand, and elbow pain reportedly associated with an industrial injury of May 22, 2014. In a utilization review report dated August 11, 2015, the claims administrator failed to approve a request for an electrical muscle stimulator device. The claims administrator referenced a July 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing complaints of neck pain, elbow pain, wrist pain, hand pain, knee pain, ankle pain, and foot pain with derivative complaints of headaches. Work conditioning / work hardening were sought. An ankle brace, knee brace, functional improvement measures, and MRI imaging of the wrist were sought. The applicant was given work restrictions, although the treating provider suggested that the applicant was not working, writing that in all likelihood the applicant's disability benefits would continue. The attending provider sought authorization for multiple modalities to include electrical muscle stimulation and infrared therapy, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical muscle stimulation for the left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Transcutaneous electrotherapy.

Decision rationale: No, the request for an electrical muscle stimulation (EMS), a form of neuromuscular electrical stimulation (NMES), was not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation or NMES is not recommended in the chronic pain context present here but, rather, should be reserved for the post-op rehabilitative context. Here, however, there was no mention of the applicant's having sustained a stroke as of the July 27, 2015 office visit at issue. Neuromuscular stimulation was not, thus, indicated in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, thus, the attending provider's concurrent request for two separate passive modalities to include infrared therapy and electrical muscle stimulation via the July 27, 2015 progress note at issue was, thus, at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.