

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	12/12/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010629

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MEDS3 neuromuscular stimulator for three months for home use, electrodes two to four times per day is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MEDS3 neuromuscular stimulator for three months for home use, electrodes two to four times per day** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 30-year-old, 5'9", 200 lbs, left-handed, male who injured his right knee at work on 12/12/12, when he tripped and fell. He is disputing the 7/18/13 UR decision to deny the MEDS 3 neuromuscular stimulator for 3-months. The 6/19/13 report requested the MEDS-3 unit with conductive garment for the right knee, the rationale was that it would decrease the need for pain medication and increase range of motion (ROM). The same report shows right knee ROM at 0-120, pain is 2/10, but can go to 8/10, and he is taking tramadol 105mg and naproxen. The 7/18/13 UR denial letter states MTUS does not recommend NMES. The most recent report is dated 10/9/13 and shows 4-5/10 pain right knee, 0-7/10 pain in the left. No benefit with chiropractic, acupuncture or physical therapy (PT). Right knee motion is 0-130. The diagnosis now includes left knee and bilateral carpal tunnel syndrome (CTS) that were not present on the 6/19/13 report.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for MEDS3 neuromuscular stimulator for three months for home use, electrodes two to four times per day:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg 121, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, for TENS, pg 114-121, which is a part of the MTUS.

Rationale for the Decision:

The request is not in accordance with MTUS Chronic pain guidelines. MTUS specifically states neuromuscular stimulator electrical stimulation (NMES) devices are 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." **The request for MEDS3 neuromuscular stimulator for three months for home use, electrodes two to four times per day is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/pr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.