

Case Number:	CM13-0014100		
Date Assigned:	11/06/2013	Date of Injury:	03/03/2010
Decision Date:	01/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/03/2010. The patient is a 43-year-old woman with the diagnosis of status post right shoulder arthroscopy with residual adhesive capsulitis and a parascapular strain as well as right upper extremity radiculitis. The patient also has a history of bilateral forearm tendinitis with dynamic carpal tunnel syndrome, and she has a history of a right shoulder revision arthroscopy and debridement on 01/10/2013. The medical records from the treating provider are detailed, but I cannot identify in these notes the specific type of "EMS" desired, which appears to refer to electrical muscle stimulation. A prior physician review noted that the actual type of unit was not documented and that in the absence of active documented medication reduction and without specification of whether a TENS unit or neuromuscular electrical stimulation or other type of unit were desired, the request would be unsupported.

IMR ISSUES, DECISIONS AND RATIONALES

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

continued use of home EMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Section, TENS Section Page(s): 121, 114.

Decision rationale: The underlying date of injury in this case is 03/03/2010. The patient is a 43-year-old woman with the diagnosis of status post right shoulder arthroscopy with residual adhesive capsulitis and a parascapular strain as well as right upper extremity radiculitis. The patient also has a history of bilateral forearm tendinitis with dynamic carpal tunnel syndrome, and she has a history of a right shoulder revision arthroscopy and debridement on 01/10/2013. The medical records from the treating provider are detailed, but I cannot identify in these notes the specific type of "EMS" desired, which appears to refer to electrical muscle stimulation. A prior physician review noted that the actual type of unit was not documented and that in the absence of active documented medication reduction and without specification of whether a TENS unit or neuromuscular electrical stimulation or other type of unit were desired, the request would be unsupported.