

Case Number:	CM13-0014917		
Date Assigned:	01/15/2014	Date of Injury:	08/24/2012
Decision Date:	03/19/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

This is a 66-year-old female mammography technician who injured her right shoulder on 8/24/12 while helping lift the arm on an obese female so she could have a mammography study. She underwent right shoulder open repair on 2/7/13. On 8/14/13 [REDACTED] reviewed [REDACTED] 7/15/13 and 6/19/13 reports, and denied the request for an Orthostim 4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for OrthoStim 4 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section TENS (transcutaneous electrical nerve stimulation) Page(s): s 114-121.

Decision rationale: The patient presents with right shoulder pain. She had a right shoulder surgical procedure on 2/7/13 with residual symptoms. The request is for an Orthostim 4 unit. The Orthostim 4 unit is a combination unit that can provide four types of e-stim. High volt pulsed; Interferential; neuromuscular electrical stim and pulsed DC. Chronic Pain Medical Treatment Guidelines states galvanic stimulation is not recommended, "Not recommended.

Considered investigational for all indications. Galvanic stimulation is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect." This is descriptive of the high volt pulsed component of the Orthostim 4 unit. Chronic Pain Medical Treatment Guidelines specifically states (neuromuscular electrical stimulation) NMES is not recommended. 2 of the 4 components of the Orthostim 4 device are not recommended by Chronic Pain Medical Treatment Guidelines. Therefore the request for Orthostim 4 device is not medically necessary.