

<b>Case Number:</b>	CM13-0015021		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine , has a subspecialty in Pulmonary Diseases 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 patient is a 37-year-old male who reported an injury on 03/20/2013. The mechanism of injury was noted to be the patient and a co-worker were attempting to lift up a 280-pound tuna fish onto a countertop for processing, and as he picked up the head and the co-worker picked up the tale, the patient lifted the head over his right shoulder and began to have extreme discomfort. The documentation submitted for the request indicated the patient had pain and stiffness with decreased range of motion and flexibility in the right shoulder. The diagnoses were noted to be right shoulder cervical strain, cervicgia, and pain in the shoulder. The request was made for one Meds4 + inferential stimulator E1399 and one conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds4 + Interferential Stimulator:** 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 TENS, NMES, Interferential Current Stimulation Page(s): 115, 116, 121 & 118.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior

to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. The clinical documentation submitted for review failed to indicate documentation of exceptional factors to support the use of a Meds4 + INF stimulator. There was a lack of documentation indicating this would not be an isolated intervention. Additionally, there was a lack of documentation indicating a necessity for 3 months usage without re-evaluation. Given the above, the request for Meds4 + INF stimulator E1399 is not medically necessary.

**1 conductive garment:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.