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| Case Number: | CM13-0018088 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/29/2011 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/28/2013 |

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/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 53-year-old female who was injured on December 29, 2011. The patient tripped on a box and fell onto her left arm, back, and knees. The patient continued to experience left shoulder pain. An MRI of the left shoulder showed left rotator cuff tear. The patient underwent arthroscopic surgery on the left shoulder on February 13, 2013. Other treatment included the medication Voltaren and physical therapy. Documentation regarding the effectiveness of the medications is not present. A request for authorization for an Ortho Stim 4 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 117-120, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, PAGE(S) 118-119.

Decision rationale: Ortho Stim 4 is an interferential stimulator. According to the Chronic Pain Medical Treatment Guidelines interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case, there is no documentation that the pain is not responding to conservative measures or that the pain is not effectively controlled with medications. Therefore, the requested OrthoStim 4 is not medically necessary.