

<b>Case Number:</b>	CM13-0020848		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 55-year-old female who reported a work-related injury on 07/27/2012. The patient stated she sustained injuries to her right shoulder, right elbow, and right hand and wrist. The patient underwent pain management with medications, physical therapy, and home exercises. The patient's diagnoses are listed as right shoulder rotator cuff tear, right lateral epicondylitis, right trigger thumb, and diabetes mellitus. The patient is status post right shoulder surgery on 08/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SurgiStim interferential stimulator with pad:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-120.

**Decision rationale:** Criteria for interferential stimulation include: pain being ineffectively controlled due to diminished effectiveness of medication; pain being ineffectively controlled with medications due to side effects; a history of substance abuse; significant pain from postoperative conditions limiting the ability to perform exercise programs or physical therapy

treatments; or the patient being unresponsive to conservative measures. Per clinical documentation submitted for review, there was a lack of evidence stating the patient's pain was ineffectively controlled due to diminished effectiveness of medication, or that pain was ineffectively controlled with medications due to side effects. There was no evidence given that the patient had significant pain which limited her ability to perform exercise programs or physical therapy treatments. The patient was also not noted to be unresponsive to conservative measures. Given the above, the request for SurgiStim4 IF stimulator with pad is non-certified.

**electrodes pack:** 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 item is not medically necessary, none of the associated items are medically necessary

**non-sterile electrodes pack:** 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 item is not medically necessary, none of the associated items are medically necessary

**Adhesive remover:** 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 item is not medically necessary, none of the associated items are medically necessary

**TT & SS leadwire:** 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 item is not medically necessary, none of the associated items are medically necessary

**technician fitting with instructions:** 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 item is not medically necessary, none of the associated items/services are medically necessary.