

Case Number:	CM13-0024787		
Date Assigned:	12/13/2013	Date of Injury:	10/17/2012
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Illinois. 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 44-year-old male with a reported date of injury on 10/17/2012. The patient presented with right shoulder pain, minimal shoulder tenderness, pain with resistance in the supraspinatus and infraspinatus, mild crepitus, and pain with haw skins. The patient had diagnoses including right shoulder impingement syndrome, status post right shoulder arthroscopy. The physician's treatment plan included a request for Meds-4 stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The California MTUS guidelines state neuromuscular electrical stimulation devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. It was noted that the patient had temporary pain relief with the use of the stim unit. The provided documents did not include

adequate documentation of significant objective functional improvements with the use of the stim unit. Additionally, the guidelines note NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, the request for Meds-4 stim unit is neither medically necessary nor appropriate.