

<b>Case Number:</b>	CM13-0025270		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 59-year-old female who was injured in a work related accident on January 14, 2011. The clinical records in this case indicate an injury to the left shoulder for which the claimant has recently undergone a May 13, 2013 left shoulder arthroscopy, subacromial decompression and distal clavicle excision. Postoperatively records for review indicate the request for a ProStim Plus Stimulator unit for postoperative use of the left shoulder. Postoperative clinical assessment of August 20, 2013 showed healed arthroscopic portal sites with tenderness at the AC joint and restricted range of motion. The treatment at that time consisted of an intraarticular injection of Toradol. Postoperative imaging is unavailable for review. At that time, a manipulation under anesthesia was also recommended given the claimant's underlying swelling and lack of progress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro Stim Plus post op for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** Based on California ACOEM Guidelines, the role of the above stimulator device would not be indicated. Physical modalities to the shoulder including electrical stimulation are typically not supported by high quality medical studies or long term efficacy from studies. The acute need of this device in the claimant's postoperative setting would not be indicated. The specific medical request is not supported at this time.