

Case Number:	CM13-0026835		
Date Assigned:	03/14/2014	Date of Injury:	09/05/2012
Decision Date:	05/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 64 year old female who is diagnosed with (a) cervical spine sprain/strain and spondylosis; (b) right shoulder impingement, peri scapular strain and adhesive capsulitis; (c) right elbow lateral epicondylitis, with history of left shoulder tendinitis; and (d) right thumb basilar osteoarthritis. There is a request for Orthostim 4 unit plus supplies, 2 months rental. There is a 3/31/14 med legal report which states that the patient was re-evaluated by a physician on May 31, 2013. She expressed a reduction of radicular pain due to acupuncture therapy and physical therapy sessions. Physical examination of the cervical spine revealed tenderness and hypertonicity over the bilateral paravertebral and trapezius muscles. There was also tenderness over the subacromial region and biceps upon examination of the right shoulder. Flexor 13% patches were prescribed. The primary treating physician's medical report states that he re-assessed the patient on July 8, 2013. She complained of persistent pain, but has continued to show improvement with the help of acupuncture treatment. Examination of the cervical spine revealed tenderness over the periscapular and paraspinal musculatures, as well as restriction in the range of motion. There was also (a) tenderness over the trapezius and periscapular region, (b) limitation in the range of motion, and (c) slightly positive impingement test. During the most recent visit on August 29, 2013, the patient continued to complain of right shoulder pain, as well as soreness upon range of motion. In addition, she experienced on and off flare-ups. Physical examination of the cervical spine and right shoulder remained unchanged. The primary treating physician advised her to use an OrthoStim 4 unit to increase her functionality and mobility. The primary treating physician states in his medical report that a prior reviewing physician determined that California MTUS does not support the use of interferential stimulation and neuromuscular electrical stimulation. The primary treating physician states that the patient

patient has been suffering from multiple pain symptoms, She had used pain medications which have failed to provide lasting relief from pain, On the other hand, she was able to complete 22 sessions of physical therapy, as well as acupuncture treatment Although these modalities have provided her relief from pain, the patient continues to experience occasional recurrence of pain. He state that based on the California Medical Treatment Utilization Schedule for Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. He goes on to describe the various forms of electrotherapy and states that OrthoStim unit is a type of multi-modality interferential stimulator, which can allow for deeper penetration of tissue, whereas Transcutaneous Electrical Nerve Stimulation (TENS) is predominantly a cutaneous or superficial stimulus. The report states that the crisscrossing, as opposed to the linear application of TENS is postulated to be more effective. In addition to the MTUS the provider cites the ACOEM Guidelines, Second Edition, states that although not for long-term use, transcutaneous galvanic and electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize. He states further that electrical muscle stimulation is commonly performed in conjunction with other conservative treatment and that this may reduce the risk of adverse reactions and penetrates to a wider coverage causing longer relief from pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM 4 UNIT PLUS SUPPLIES, 2 MONTHS RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, Interferential Current Stimulation (Ics); Neuromuscular Electrical Stimulati.

Decision rationale: Orthostim 4 Unit plus supplies, 2 month rental is not medically necessary per the MTUS guidelines. OrthoStim 4 units utilize Transcutaneous Electrical Nerve Stimulation (TENS), interferential current, galvanic and Neuromuscular Electrical Stimulation (NMES). The MTUS Chronic Pain Medical Treatment Guidelines state that galvanic stimulation is considered investigational for all conditions. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes galvanic stimulation and NMES which are clearly not recommended per the MTUS guidelines. The patient has not had any documentation of stroke. There are no indications for Orthostim 4 Unit for this patient. Therefore, the request for Orthostim 4 Unit plus supplies 2 month rental is not medically necessary.