

Case Number:	CM13-0027101		
Date Assigned:	11/22/2013	Date of Injury:	07/22/2009
Decision Date:	02/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/20/2013

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 New York 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 53-year-old female who reported a work-related injury on 07/22/2009, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: bilateral shoulder strain, impingement, bursitis with a history of a left shoulder arthroscopy, bilateral elbow lateral epicondylitis, forearm contusion and right ankle sprain. The clinical note dated 08/12/2013 reported that the patient was seen under the care of Sobol. The provider documented that the patient had recently completed 12 sessions of physical therapy for the bilateral shoulders, ankle and right ankles. The patient was utilizing 800 mg of Motrin by mouth twice a day as needed. The provider documented that examination of the patient's bilateral shoulders revealed tenderness to palpation over the left side acromial region, acromioclavicular joint and posterior muscles bilaterally and in the parascapular muscles. Subacromial crepitus was not present. Impingement testing was negative. Range of motion about the bilateral shoulders was noted as near normal. The provider recommended authorization for an OrthoStim 4 unit, refill of medications, ergonomic assessment work station and the utilization of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. The clinical notes evidence that the patient has utilized a recent course of physical therapy interventions for her bilateral shoulder pain complaints. The clinical notes failed to document the patient's reports of utilization of an OrthoStim 4 unit, indicative of a subsequent purchase of this durable medical equipment. The California MTUS indicates that a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Given all of the above, the request for an OrthoStim 4 unit is not medically necessary or appropriate.