

<b>Case Number:</b>	CM13-0027227		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & Rehabilitation, and is licensed to practice in California. 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:

This 55 year-old male sustained an injury on 11/18/11 while employed by [REDACTED]. The request under consideration includes Electrical Muscle Stimulator for purchase. The report of 8/22/13 from [REDACTED] noted the patient is status post open rotator cuff repair of right shoulder on 6/7/13. He has difficulty regaining range of motion. He is using a CPM machine and is up to 130 degrees; he can only get to 80 degrees actively; weakness noted; hand grip is 40 on right compared to 80 on left. Medication list includes Norco and Prilosec. His diagnosis was adhesive capsulitis. Treatment was for electrical muscle stimulator to awaken the deltoid and rotator cuff muscles. The request was non-certified on 9/18/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrical Muscle Stimulator for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

**Decision rationale:** This 55 year-old individual sustained an injury on 11/18/11 while employed by [REDACTED]. The request under consideration is Electrical Muscle Stimulator for purchase. The medical report of 8/22/13 noted the employee is status post open rotator cuff repair of the right shoulder on 6/7/13. The employee has difficulty regaining range of motion. The employee is using a CPM machine and is up to 130 degrees; can only get to 80 degrees actively; weakness is noted; hand grip is 40 on right compared to 80 on left. The medication list includes Norco and Prilosec. The diagnosis was adhesive capsulitis. Treatment was for electrical muscle stimulator to awaken the deltoid and rotator cuff muscles. According to the MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress, and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, there is no documentation on what electrical muscle stimulation unit is to be purchased, nor is there any documented short-term or long-term goals of treatment with the unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the stimulator unit purchase. There is no evidence for trial of TENS unit. Regarding use for post-operative pain with transcutaneous electrical nerve stimulation, it is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery and appears to be most effective for mild to moderate thoracotomy pain with lesser effect, or not at all for other orthopedic surgical procedures. Rental is also preferred over purchase during this 30-day trial period. Submitted reports have not met guidelines criteria or indication for medical necessity. The Electrical Muscle Stimulator for purchase is not medically necessary and appropriate.