

<b>Case Number:</b>	CM13-0034828		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery 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 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 claimant is a 44-year-old female who sustained multiple injuries on October 27, 2009. An August 19, 2013, medical record documents complaints of low back and cervical pain, as well as bilateral shoulder, wrist and hand complaints. The physical examination showed tenderness to palpation over the cervical and lumbar spine with restricted range of motion. There is no documentation of neurologic findings. The claimant was diagnosed with musculoligamentous sprain of the cervical and lumbar spine, bilateral shoulder impingement syndrome, and wrist tendinosis. The treating provider recommended continuation of physical therapy, management with medications, the use of an electromuscular stimulator unit, and Ortho IV stimulator unit, and a rheumatology consultation. The records provided for review contain no documentation of imaging studies or other forms of treatment. This review request is for the rheumatology consultation, an electromuscular stimulation unit and an Ortho IV stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RHEUMATOLOGY CONSULT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** The California MTUS ACOEM Guidelines do not support a rheumatology consultation. This claimant's diagnoses are consistent with cervical, lumbar and shoulder strains and impingement. The reviewed records reflect no indication of acute clinical findings, imaging or laboratory testing that would suggest an autoimmune or rheumatologic process. Therefore, the request for a rheumatology consultation would not be indicated as medically necessary.

**DME: ELECTRONIC MUSCLE STIMULATOR UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support the use of an electromuscular stimulator unit. The Chronic Pain Guidelines state that TENS units are recommended as an adjunct to a program of evidence-based, functional restoration, not as an isolated intervention. The reviewed records in this case do not indicate that the claimant is engaged in a functional restoration program or under treatment other than management with medications. Therefore, the request for an electromuscular stimulator unit would not be established as medically necessary.

**DME: ORTHO 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 Interferential Current Stimulation (ICS) Page(s): 118, 120, 121.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support the use of an Ortho Stim IV unit. An Ortho Stim IV unit delivers a combination of interferential and neuromuscular electrical stimulation. The Chronic Pain Guidelines recommend that neuromuscular electrical stimulation (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, this request would not be established as medically necessary.

