

<b>Case Number:</b>	CM13-0037233		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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, 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:

This patient sustained an injury on 2/20/13 while employed by [REDACTED]. Diagnoses include joint pain, medial epicondylitis, and tenosynovitis of the hand/wrist. A report dated 4/11/13 noted patient to be with pain complaints in the neck and upper trapezius radiating to the bilateral shoulders and upper extremities, bilateral shoulder pain, right elbow/forearm/wrist/ hand pain, and low back pain radiating to the lower extremities. Exam showed tenderness at the cervical and lumbar spine and bilateral shoulders with crepitus, positive cross arm test, and decreased range of motion. X-rays of the cervical spine showed degenerative changes at C4-6. X-rays of the lumbar spine showed grade 1 anterolisthesis of L4 on L5. X-rays of the right hand was normal. Treatment included chiropractic manipulative therapy, Ortho stim unit, medications, MRIs of cervical and lumbar spine, EMG/NCV of the bilateral upper and lower extremities, diagnostic ultrasound of bilateral shoulders, and a psych consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHO STIM UNIT WITH GLOVE ATTACHMENT FOR BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Per the MTUS Chronic Pain Medical 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 a transcutaneous electrotherapy unit include a trial in conjunction with 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. There is no documented short-term or long-term goals of treatment with the OrthoStim 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 OrthoStim Unit without specified rental or purchase request or previous failed TENS trial. There is no evidence for change in functional status, increased in activities of daily living, a decreased VAS score, or decreased medication usage. As such, the request is not medically necessary.

**ULTRASOUND FOR BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, page 952.

**Decision rationale:** The California MTUS/ACOEM does not address this issue, so the Official Disability Guidelines (ODG) were used. Although the ODG states that ultrasound is a dynamic process and is accurate in detecting tendon injuries, submitted reports have not demonstrated any failed conservative therapy trial, any clear red-flag conditions of neurological deficits, or tendon pathology by subjective complaints, clinical findings, or diagnosis. As such, the request is not medically necessary.