

<b>Case Number:</b>	CM13-0039356		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 57-year-old female who injured her neck on 10/13/11 and subsequently underwent an anterior cervical discectomy and fusion at the C5-6 level. The records provided for review document that left shoulder surgery was also performed on 08/01/13 for arthroscopy, debridement of rotator cuff and labrum, subacromial decompression, and partial synovectomy with capsular release. Postoperatively, the claimant attended physical therapy for the shoulder. This review is for the request for an interferential unit/neuromuscular electrical stim unit for postoperative use and home use including supplies for the above device as well as purchase of a conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT- MEDS 4 + INF STIM FOR 3 MONTHS FOR HOME USE AND ELECTRODES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118, 120, 121.

**Decision rationale:** A Meds-4 interferential stim is a combination of interferential stimulation and neuromuscular electrical stimulation. The MTUS Chronic Pain Guidelines for neuromuscular electrical stimulation only recommend its use following a stroke and rehabilitation following a stroke. The records provided for review indicate that this claimant is status post an anterior cervical discectomy and fusion and shoulder arthroscopy. The use of the above device which would include neuromuscular electrical stimulation would not be supported as medically necessary. Lack of support for the above device would also fail to support electrodes and supplies for its three months of home use.

**CONDUCTIVE GARMENT PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.