

Case Number:	CM13-0044041		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2013
Decision Date:	03/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Oklahoma 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 36-year-old who reported injury on 02/13/2013. The mechanism of injury was stated to be the patient had a slip and fall of about approximately 10 feet. The patient's diagnosis was noted to be left shoulder joint pain. The request was made for a MEDS3 Neuromuscular Stimulator for the left shoulder, 3 month rental, electrodes, and a conductive garment

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS3 Neuromuscular Stimulator for the left shoulder, three month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES (neuromuscular electrical stimulator) Page(s): 121.

Decision rationale: California MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. The plan was noted to be an MDS stim unit to increase ROM (range of motion) and circulation and decrease pain and inflammation. The clinical documentation indicated the patient had subjective pain with reaching and pushing motions and over the shoulder use. The patient had 170 degrees of flexion and 150 degrees of abduction with 4/5 strength of the left rotator cuff. There was lack

of documentation indicating the patient had exceptional factors to warrant non-adherence to guideline recommendations. The request for a MEDS3 Neuromuscular Stimulator for the left shoulder, three month rental, is not medically necessary or appropriate.

pair of electrodes, three month supply: 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 procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

conductive GARM TENS/NMES (Transcutaneous Electrical Nerve Stimulation/Neuromuscular Electrical Stimulation): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that a form fitting device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, and that the patient has a medical condition that prevents the use of a traditional system. Clinical documentation submitted for review failed to support the use of the MEDS3 Neuromuscular Stimulator. The request for the purchase of a conductive GARM TENS/NMES unit is not medically necessary or appropriate.