

Case Number:	CM13-0045078		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2011
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 50-year-old male who worked as a sales associate for [REDACTED] and sustained an industrial injury on 1/27/11 secondary to unloading boxes. The 4/28/11 left knee MRI documented mild tricompartmental osteoarthritis and chondromalacia of the medial patella compartments, severe along the medial patellar facet. The 5/4/11 lumbar MRI documented posterior annular fissure at L1/2, multilevel spondylitic changes, no focal disc protrusions or nerve root compression, and canal at lower limits of normal due to congenitally short pedicles. The 12/15/12 left shoulder MRI documented type III acromion impingement, supraspinatus tendon full thickness tear and tendinopathy, findings suggestive of lateral humeral head and neck contusion, and prominent global glenohumeral effusion. The 1/7/13 lower extremity EMG/NCV study was reported normal. The 1/7/13 treating physician report documented primary complaints of left shoulder, low back, and left knee symptoms. The patient reported that his left knee gave way on 4/2/12 causing him to fall down stairs and sustain injury to his right shoulder and elbow. Progressive improvement was reported with a course of therapy for the left shoulder. The treatment plan included right shoulder diagnostic studies, additional physical therapy rehab for the left shoulder, opioid pain medication, and muscle relaxant. A request for an OrthoStim 4 electrical muscle stimulation unit was noted to decrease medication use, decrease pain and spasm, and allow the patient to more fully participate in a home exercise program. The 7/10/13 treating physician report cited a failure of conservative treatment in the management of the patient's low back pain. He noted that the patient had pain radiating to the left lower extremity with 12/15/12 lumbar MRI findings of effacement at the left L5 nerve root. A lumbar epidural steroid injection and/or left sacroiliac joint injections were recommended. The 9/8/13 treating physician report indicated that surgical and pain management consultations were pending and the

patient required a knee brace. A 10/2/13 vendor request for an OrthoStim unit is under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT ORTHOSTIM AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines for transcutaneous electrotherapy do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines suggest patient selection criteria for use, if IFC is to be used anyway, that include ineffective pain control with medications, history of substance abuse, significant post-operative pain, and unresponsive to conservative measures. The OrthoStim units provide a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. NMES is not recommended in chronic pain and galvanic current is not recommend for any indication. Guideline criteria have not been met. There are no indications documented for the use of this unit. Additionally, there is no contemporaneous documentation that the patient has failed all conservative therapies or that medications have been ineffective. This is a combination electrical stimulation unit with no guideline support for two of the electrotherapies provided. The request for an interferential Unit/OrthoStim and supplies is not medically necessary and appropriate.