

Case Number:	CM13-0045837		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2009
Decision Date:	03/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 04/17/2009 due to cumulative trauma while performing normal job duties. The patient reportedly injured his cervical spine and right shoulder. The patient's treatment history included chiropractic care, physical therapy, and medications. Physical findings included restricted range of motion of the lumbar spine with positive straight leg raising test on the right side. Physical findings of the shoulder included significantly restricted range of motion on the right side with a positive impingement sign. Evaluation of the cervical spine included restricted range of motion with tenderness to palpation over the upper and lower paracervical musculature. The patient's diagnoses included lumbar sprain/strain, cervical sprain/strain, right shoulder strain with impingement, cervicogenic headaches, insomnia secondary to chronic pain, and depression secondary to chronic pain. The patient's treatment recommendations included an orthopedic consultation for the right shoulder, neurosurgeon consultation for the lumbar spine, continuation of chiropractic care, continuation of medications, and continued use of a muscle stimulator RS41 with back garments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator RS41 with back garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Stimulator. Page(s): 118-120.

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

Decision rationale: The requested muscle stimulator RS41 with back garments is not medically necessary or appropriate. The MTUS guidelines recommend this type of treatment as an adjunct therapy to active therapy. The clinical documentation submitted for review does not provide any evidence that the employee is participating in active therapy that would benefit from an interferential stimulator unit as an adjunct treatment. Additionally, the MTUS Guidelines recommend the purchase of this equipment be based on a 30 day trial that produces significant functional benefit and pain relief. The clinical documentation submitted for review does provide evidence that the employee has been on a trial of this type of unit. However, a course of that trial is not clearly defined. There is no documentation of functional improvement specifically attributed to this treatment modality. Therefore, continued use cannot be supported. As such, the requested muscle stimulator RS41 with back garments is not medically necessary or appropriate.