MAXIMUS Federal Services

Case Number:	CM13-0052719		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2002
Decision Date:	05/19/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 Pennsylvania. 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 is a 68-year-old gentleman who sustained a repetitive cumulative trauma injury from lifting on 04/23/02. The claimant was initially diagnosed with right shoulder impingement, left knee internal derangement and cervical sprain. The clinical report of 09/10/13 noted that the claimant requested purchase of a ProStim 5 unit for his chronic care. The report documented that the claimant had consistent neck related complaints, bilateral knee pain and shoulder pain. The ProStim unit was recommended for longer lasting pain relief and swelling control. There was no documentation provided of recent imaging or reference made to a trial period of the ProStim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE: PRO STIM 5.0 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for purchase of the ProStim unit cannot be recommended as medically necessary. The

documentation provided for review regarding the claimant fails to meet the criteria for which a ProStim 5 unit would be necessary. Chronic Pain Guidelines recommend for the use of electrical nerve stimulation that there should be evidence that other appropriate pain modalities have been utilized and failed including medication management. The records for review in this case do not discuss the claimant's treatment or response to treatment. There is also no documentation that a trial period of use of the ProStim unit was completed or how the claimant responded to the use of the unit. Therefore, the request for purchase of the device cannot be supported based upon the documentation of the claimant's clinical presentation.