

Case Number:	CM13-0053177		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	04/29/2014	UR Denial Date:	10/18/2013
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 Occupational Medicine 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:

According to the records made available for review, this is a 54-year-old female with a 5/13/13 date of injury. At the time (9/12/13) of request for authorization for Home Orthostim4 Interferential Unit, there is documentation of subjective (neck pain radiating to the right upper extremity, bilateral shoulder pain, bilateral elbow pain, and bilateral forearm, wrist, and hand pain) and objective (bilateral shoulder tenderness associated with moderate muscle guarding and spasm over the trapezius muscles and periscapular musculature, tenderness over the subacromial regions and AC joints bilaterally, restricted range of motion in the shoulder, tenderness in the elbows, positive Tinel's sign, Cozen's and reverse Cozen's; and tenderness over the first dorsal extensor compartments) findings, current diagnoses (cervical spine musculoligamentous sprain/strain with attendant right upper extremity radiculitis, bilateral elbow lateral and medial epicondylitis, and bilateral wrist sprain with De Quervain's tenosynovitis), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME ORTHOSTIM4 INTERFERENTIAL UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-20.

Decision rationale: OrthoStim4 interferential unit is a combination of neuromuscular stimulation, interferential current stimulation, Galvanic stimulation, and transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines identify that galvanic stimulation is not recommended and considered investigational for all indications; that neuromuscular stimulation is not recommended and is used primarily as part of a rehabilitation program following stroke with no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of cervical spine musculoligamentous sprain/strain with attendant right upper extremity radiculitis, bilateral elbow lateral and medial epicondylitis, and bilateral wrist sprain with De Quervain's tenosynovitis. However, OrthoStim4 interferential unit contains at least one component (Galvanic stimulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Home Orthostim4 Interferential Unit is not medically necessary.