

<b>Case Number:</b>	CM13-0064401		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/09/2008
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 49 year old female with a date of injury on 09/09/2008. The mechanism of injury was not provided. The diagnosis is cervicalgia (neck pain) and chronic right shoulder pain. On 12/12/2012, on 01/16/2013 and on 02/26/2013 she had right shoulder pain and right neck pain. On 11/19/2013 she had right neck pain radiating down her right arm. She had a history of a right rotator cuff repair and then revision. On 12/11/2013 she had right shoulder and right neck pain. She had muscle spasm of her right shoulder down her arm. Her hand numbness was worse. Gait was normal. Cervical range of motion was normal. Right shoulder flexion was 175 degrees. Tinel sign was positive at the right wrist. The diagnoses included Right C5 cervical radiculopathy, right carpal tunnel syndrome, depression, rotator cuff sprain, bicipital tenosynovitis and unspecified nerve root and plexus disorder. The findings on examination were the same on 06/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for electrodes and lead wire supplies for an Orthostim UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Neuromuscular Electrical Stimulation, and Galvanic stimulation.

**Decision rationale:** The requested supplies are for a Orthostim unit which incorporates several different modalities of electrical neurological and muscle stimulation, including interferential, galvanic and neuromuscular. The patient has chronic right neck pain and right shoulder pain. Interferential current stimulation (ICS) is not a recommended treatment in MTUS Chronic pain guidelines, as there is no quality evidence of effectiveness. The guidelines also note that neuromuscular electrical stimulation is not recommended due to a lack of evidence of effectiveness with chronic pain. Galvanic stimulation is likewise not a recommended treatment. It is considered investigational treatment for all indications. Due to these factors, the requested supplies are not medically necessary