

Case Number:	CM13-0066648		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2012
Decision Date:	05/19/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 53 year-old female who was injured on 10/31/12. She has been diagnosed with cervical strain; thoracic strain; bilateral shoulder strain, and bilateral elbow ulnar neuropathy. According to the 12/19/13 report from [REDACTED] the patient presents with a flare-up of right neck pain with numbness, tingling and pain down the right upper extremity and flare-up of left Final Determination Letter for IMR Case Number CM13-0066648 3 shoulder pain. The treatment plan was to finish up physical therapy, renew medications, and for a neck pillow, and elbow pads and an OrthoStim4 unit. On 11/29/13, UR recommended non-certification for the OrthoStim 4 unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOSTIM 4 UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens
Page(s): 114-121.

Decision rationale: MTUS guidelines states interferential stimulation can be used when pain is ineffectively controlled due to diminished effectiveness of medications, or if there are side effects or history of substance abuse or unresponsive to conservative measures. Based on the medical records provided for review it is noted that the patient is still going through physical therapy, and was taking Motrin. There is no discussion of failure of medications, or substance abuse or what conservative measures were ineffective. The patient does not meet the MTUS requirements for interferential therapy. MTUS specifically states that NMES and/or Galvanic therapy are not recommended. The request for 1 Orthostim 4 unit with supplies are not medically necessary and appropriate.