

Case Number:	CM13-0069178		
Date Assigned:	05/07/2014	Date of Injury:	08/22/2008
Decision Date:	06/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation 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 [REDACTED] employee who has filed a claim for shoulder pain associated with an industrial injury of August 22, 2008. Thus far, the patient has been treated with topical creams and Pro-Stim interferential unit, which was noted to provide approximately 80% relief of pain. The patient is status post two right knee arthroscopies in 2011 and 2012 and right shoulder arthroscopy in 2011. Review of progress notes reports right shoulder pain radiating to the right upper extremity with associated popping sensation and limited range of motion. Patient also has intermittent right wrist and hand pain with associated popping and weakness. There is also constant right knee pain with tenderness and giving way due to weakness. Utilization review dated November 27, 2013 indicates that the claims administrator denied a retrospective request for 30-day trial of Pro-Stim 5.0 with supplies for shoulder as not all components are supported for use for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 30 DAY TRIAL OF PRO-STIM 5.0 DISPENSED ON 10/24/2013 WITH SUPPLIES FOR SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118-120, 121.

Decision rationale: Pro-Stim 5.0 includes TENS, IF, and NMES components. The California MTUS Chronic Pain Medical Treatment Guidelines, states that a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria includes chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and treatment plan including specific short- and long-term goals of treatment. Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. Additionally, the Chronic Pain Medical Treatment Guidelines, state neuromuscular electrical stimulation is not recommended. It is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use and chronic pain. In this case, there is no documentation of failure of other conservative management strategies as patient is only on topical creams. Also, the NMES component is not indicated for use for chronic pain. Therefore, the retrospective request for 30 day trial of Pro-Stim 5.0, with the supplies for the shoulder, dispensed on 10/24/2013 is not medically necessary and appropriate.