

Case Number:	CM14-0002113		
Date Assigned:	01/24/2014	Date of Injury:	07/15/2013
Decision Date:	06/10/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 underlying date of injury in this case is 07/15/2013. The mechanism of injury is repetitive trauma. The patient's treating diagnosis is bilateral shoulder periscapular strain with tendinitis, bursitis, and impingement. On 11/25/2013, the treating physician saw the patient in follow-up and noted the patient had ongoing shoulder pain, worse on the right. The patient felt that she had some improvement from physical therapy. The patient had restricted range of motion, particularly of the right shoulder. The patient was diagnosed with a shoulder sprain and was referred for additional physical therapy. On 12/02/2013, a request for authorization requested physiotherapy as well as a home muscle stimulation unit. A doctor's first report of 12/02/2013 states that the patient had benefitted from an electrical muscle stimulation unit and therapy and this allowed improvement in range of motion and decreased medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME ELECTRICAL MUSCLE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

Decision rationale: The Medical Treatment Utilization Schedule, section on neuromuscular electrical stimulation, page 121, states that this modality is not recommended. This modality is noted to be indicated as part of central nervous system rehabilitation, such as after a stroke, but is not noted to have a role in treating mechanical musculoskeletal injury or chronic pain. The records do not provide an alternate rationale to support this request. This request is not medically necessary.