MAXIMUS Federal Services

Case Number:	CM14-0003913		
Date Assigned:	02/03/2014	Date of Injury:	09/01/2011
Decision Date:	06/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Maryland. 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:

This patient is a male with a date of injury of 09/01/11. His diagnoses include s/p left shoulder arthroscopic subacromial decompression on 4/16/13, sleep difficulty, s/p left lateral epicondyle repair 4/16/13, right hip pain, low back pain, and chronic neck radiculopathy. There is a request for purchase of a Surgistim 4 with electrodes, batteries, adhesive remover wipes and lead wires for the left shoulder. An operative report dated 04/16/13 notes the patient underwent left shoulder arthroscopy with intra articular debridement, subacromial decompression, and distal clavicle resection. A request form notes the patient has left shoulder impingement and there is a request made for interferential stimulator and supplies. A request form dated 07/06/13 notes a request for an ortho stim unit tor 2 month rental for left shoulder. A 1/7/14 primary treating physician progress report indicates that the patient reports improved left shoulder pain from the Cortisone injection last week. He reports neck, right hip and low back pain with no numbness and tingling. On physical exam the patient has decreased neck range of motion with spasm and tenderness. His shoulder forward flexion is 166 and abduction is 165. He has a positive right impingement test. The left lateral elbow has a healed lesion. There is minimal tenderness along the lateral epicondyle with full range of motion. Bilateral hand and wrist exam reveal minimal tenderness along the lateral epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A SURGISTIM 4 WITH ELECTRODES, BATTERIES, ADHESIVE REMOVER WIPES AND LEAD WIRES FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 117, 118, 121.

Decision rationale: The MTUS Chronic Pain Guidelines state that neuromuscular electrical stimulation (NMES) is not supported for the treatment of chronic pain and used in the rehabilitation of stroke patients. The MTUS Chronic Pain Guidelines states that high voltage pulsed stimulation is considered investigational for all considerations. Additionally, the MTUS Chronic Pain Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The patient has had a trial of the Surgistim 4, but there is no objective documentation of a functional benefit or improvement within the documentation submitted for review. Additionally, the unit includes interferential stimulation, high voltage pulsed stimulation, and NMES which are clearly not recommended per the MTUS Chronic Pain Guidelines for this patient. Given that these components are part of the Surgistim4 unit the entire unit and electrodes, batteries, adhesive remover wipes, and lead wires are not recommended. The request is not medically necessary and appropriate.