

Case Number:	CM14-0107642		
Date Assigned:	08/01/2014	Date of Injury:	01/25/2013
Decision Date:	09/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 and 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 injured worker is a 59-year-old male who reported an injury on 01/25/2013. When he went outside a customer's home, he was walking in the rain and slipped and fell on the slippery walkway. He landed on his right arm and had immediate pain in his right shoulder. Diagnoses were illegible. Surgical history was illegible. Past treatments were physical therapy and acupuncture. Diagnostic studies were x-ray and MRI. Surgical history was 2 right shoulder surgeries and 1 left shoulder surgery. Physical examination on 06/04/2014 revealed complaints of right shoulder pain with increased lifting, pushing, pulling, or reaching. Due to the copy quality and the handwritten progress note, it is difficult to decipher these objective physical examination findings. Medications were Advil. The treatment plan was for stimulator unit supplies. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stim Unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 55-67, 203. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation; Galvanic Stimulation Page(s): 118; 117.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend neuromuscular electrical stimulation, as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation as an isolated intervention, and galvanic stimulation is considered investigational for all indications. It is characterized by high voltage pulse stimulation, and is used primarily for local edema reduction through muscle pumping and polarity effect, and it is not recommended. The guidelines do not recommend the use of an interferential current stimulation unit. Therefore, the request is not medically necessary.