

Case Number:	CM14-0011688		
Date Assigned:	02/21/2014	Date of Injury:	12/08/2011
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 patient is a 61-year-old male with a date of injury of 12/08/2011. The listed diagnoses per [REDACTED] are: 1. Cervical musculoligamentous strain/sprain. 2. Cervicogenic headaches with history of herniated nucleus pulposus. 3. Degenerative disk disease. 4. Bilateral shoulder strain/sprain. 5. Right wrist overuse syndrome with strain. 6. Tendinitis, rule out carpal tunnel syndrome. According to the progress report, 11/22/2013, by [REDACTED], patient presents with continued neck and shoulder pain. Examination revealed positive Spurling's test and tenderness over the paravertebral musculature. Range of motion of the cervical spine was moderately decreased in all planes and produced pain during and at the end ranges. Patient's treatment history included physical therapy, hot packs, diagnostic ultrasound studies; diathermy to the neck, chest, and rib cage and bilateral shoulders; acupuncture, chiropractic treatments, and medication. The treater recommends continuation of medication and "authorization for OrthoStim 4 unit to focus on increasing ROM and increasing function." Utilization review denied the request on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 120, 121, 117

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines OrthoStim is a neuromuscular electrical stimulation..

Decision rationale: This patient presents with chronic neck and shoulder pain. The treater is requesting an OrthoStim 4 unit to focus on increasing range of motion and function. OrthoStim is a neuromuscular electrical stimulation. The MTUS guidelines under NMES devices p121 states, "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." The OrthoStim is intended for patient following a stroke. In this case, it is not indicated in the medical file for provided for review that this patient has suffered from a stroke. Recommendation is for denial.