

Case Number:	CM14-0013811		
Date Assigned:	02/26/2014	Date of Injury:	04/21/2013
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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:

According to the records made available for review, this is a 45-year-old female with a 4/21/13 date of injury, and shoulder arthroscopy 7/24/13. At the time (10/14/13) of request for authorization for multi stimulator plus supplies five month rental, there is documentation of subjective (right shoulder pain) and objective (slight palpable swelling in the right shoulder, restricted range of motion, and weakness in the right rotator cuff abductors and flexors) findings, current diagnoses (right shoulder arthroscopy with residual pain and weakness, cervical spine sprain/strain, right lateral elbow tendinitis, and right wrist sprain/strain), and treatment to date (surgery, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI STIMULATOR PLUS SUPPLIES FIVE MONTH RENTAL: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 31, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS).

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation (ICS), Microcurrent electrical stimulation (MENS devices), and Neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for multi stimulator plus supplies five month rental is not medically necessary.