

Case Number:	CM14-0014128		
Date Assigned:	02/26/2014	Date of Injury:	12/06/2010
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 female with a 12/6/10 date of injury and a diagnosis of left shoulder impingement syndrome and rotator cuff tear. The patient injured herself when she slipped and fell. She underwent a left rotator cuff repair on 8/29/13, but was unable to return to work. She continues to complain of left shoulder pain on the third postoperative visit on 11/8/13 with little improvement of range of motion. Currently she utilizes Vicodin occasionally, and nonsteroidal anti-inflammatory drugs (NSAIDs). She attends physical therapy (PT) 3 times per week. The patient is also depressed. Multiple PT notes were reviewed. A more recent progress note dated 12/10/13 described ongoing right shoulder pain, as well as cervical spine pain. The patient's mood and affect were normal. There remained subacromial space tenderness and equivocal impingement test. Range of motion was full, but haltingly so. An electromyography (EMG) studies were referenced and noted to be normal. Repeat electrodiagnostic testing was requested, as well as a follow up visit. A 3/24/14 progress note described bilateral shoulder pain. A repeat MRI did not reveal a re-tear of the rotator cuff. Conservative treatment options for arthritic changes was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ZYNEX NEX WAVE & SUPPLIES, LENGTH OF NEED LONG TERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS): Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-16.

Decision rationale: The request for Zynex NexWave is not supported. This is a combination unit with several treatment modalities including interferential, TENS, and neuromuscular stimulator. However, there is no discussion identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the CA MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy.