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| Case Number: | CM14-0014244 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/19/2010 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/23/2014 |
| 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 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 patient is a 41 year old female with an injury date of 02/19/10. Based on the 06/04/13 progress report provided by [REDACTED] the patient complains of pain in her neck and right shoulder pain as well as bilateral tingling and numbness in the hand. There was tenderness over the bilateral cervical spine and the right shoulder. The patient tested positive for Tinel's test. Her diagnoses include the following: 1. Radiculitis NOS 2. Displacement of cervical intervertebral disc 3. Rotator cuff syndrome of shoulder and allied disorders 4. Carpal tunnel syndrome 5. Radial styloid tenosynovitis 6. Other tenosynovitis or hand and wrist 7. Medial epicondylitis [REDACTED] is requesting for an Ortho Stim 4 unit. The utilization review determination being challenged is dated 01/23/14. The rationale is that it is unclear of what benefit the claimant may expect from using this unit. [REDACTED] is the requesting provider, and she provided treatment reports from 06/04/13- 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM 4 UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 06/04/13 report by [REDACTED] the patient presents with neck pain, right shoulder pain, and bilateral tingling and numbness in the hand. There was tenderness over the bilateral cervical spine and the right shoulder. The request is for an Ortho Stim 4 unit. California Medical Treatment Utilization Schedule (MTUS) Guidelines do not support NMES (similar to OrthoStim4, a muscle stimulator) for chronic pain. The MTUS Guidelines first recommends trying TENS unit, and if it fails, variety of other electrical units are supported including H-wave, interferential units. However, neuromuscular electrical stimulation devices are not recommended. Neuromuscular stimulation units are reserved for management of stroke patients. Ortho Stim 4 is not medically necessary and appropriate.