

Case Number:	CM14-0126706		
Date Assigned:	08/13/2014	Date of Injury:	09/17/2013
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 61 year old male patient has a date of injury 9/17/13 with related left shoulder pain. Per progress report dated 6/20/14, he reported severe pain and described pins and needles sensation. He complained of pain and discomfort in the lumbar spine that he described as throbbing, aching, and burning in nature. MRI of the left shoulder revealed sequelae of AC separation including disruption of the AC ligament with widening of the interval 1.5cm. Extensive intervening fluid/post-traumatic signal was identified with surrounding edema tracking along the trapezius musculature and associated marrow edema. He has been treated with injections, physical therapy, and medication management. The date of UR decision was 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-120.

Decision rationale: Per the manufacturer's website, the Surgi Stim unit incorporates interferential, high voltage pulsed current stimulation (galvanic), and NMS/EMS therapies into

one unit. MTUS is silent on this specific device. With regard to interferential current stimulation, the MTUS states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." With regard to NMES, the MTUS 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." Per MTUS, galvanic stimulation is not recommended, and is considered investigational for all indications. As the NMES, and galvanic modalities of the device are not recommended, the request is not medically necessary.