

Case Number:	CM14-0175072		
Date Assigned:	10/28/2014	Date of Injury:	11/30/2009
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55-year-old female with complaints of neck, upper back, both shoulders, and arm pain. The date of injury is 11/30/09 and the mechanism of injury was that lifting heavy linen bags caused the neck, upper back, both shoulders, and arms injuries. At the time of request for VQ Orthostimulator and supplies, there is subjective (right shoulder pain; status post surgery with persistent weakness and pain in the left shoulder due to protecting the right shoulder; pain in the neck, right upper back, bilateral forearm and wrist area with intermittent numbness and tingling in both hands; sleep difficulty and depression; and gastrointestinal upset. 5/10 with medication and 8/10 without), objective (slight paracervical muscle spasm and tenderness, more on right than left; positive Spurling's sign on the right with scapular pain; right shoulder tenderness over the acromioclavicular and upper deltoid region; tenderness to palpation of the volar forearm and wrist bilaterally; positive Tinel sign and Phalen's sign bilaterally; tenderness to palpation of the lumbosacral area and left sacroiliac region with mild spasm; slight tenderness and spasm from T1 to T5, right greater than left), imaging/other findings (C-spine MRI showed a straightening of the cervical lordosis; 1-2mm posterior disc bulges from C3-C7 level without evidence of canal stenosis or neural foraminal narrowing), surgery (right shoulder impingement surgery in 2010; right shoulder rotator cuff repair in 2012, left shoulder surgery in 2002; and right shoulder surgery in 2011), current medications (Norco, Pamelor, Prilosec, and Menthoderm gel), treatment to date (epidural injections and PT with benefits; 24 postop PT in 2012-2013; and medications with improved ADL), diagnoses (cervical strain with cervical radicular symptoms, thoracic strain with right greater than left, right shoulder impingement, left shoulder strain with impingement, upper thoracic strain with right greater than left, bilateral forearm flexor tendonitis and wrist tendonitis with carpal tunnel syndrome with right greater than left, secondary insomnia due to above diagnosis, secondary depression due to

chronic pain and GERD due to use of pain medication). The request for VQ Orthostimulator and Supplies QTY: 1, was denied on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ Orthostimulator and Supplies QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) and TENS (transcutaneous).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back(Acute & Chronic), TENS (transcutaneous electrical nerve stimulation) and on Other Medical Treatment Guideline or Medical Evidence:
<http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>,
<http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprint=yes&path=%2Fpolicy%2Femed%2FInterferential+Stimulation.html>.

Decision rationale: VQ Orthostimulator unit physiotherapy is an anti-inflammatory based treatment modality which crosses two distinct frequency alternating electrical currents that is designed for deep penetration into the soft tissue and bone. VQ Orthostimulator units are not the same as a TENS unit or muscle contraction stimulators which use monofrequency non-alternating current to either achieve analgesia (TENS) or muscle contractions (low frequency units). As there is no mention on the web site of any literature supporting the claim of superiority over TENS/Muscle stim and no mention of FDA approval nor protocols established specifically for VQ Orthostimulator, ODG guidelines for TENS and muscle stim state that electrical therapy is not generally recommended for the treatment of chronic pain or intended for chronic use. Therefore, the request for purchase/chronic use of VQ Orthostimulator and supplies is not medically necessary.