

Case Number:	CM14-0179056		
Date Assigned:	11/03/2014	Date of Injury:	11/18/2012
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 63 year old female with an injury date on 11/18/2012. Based on the 10/10/2014 hand written Prescription & Statement of medical Necessity report provided by [REDACTED], the diagnosis is: 1. Right shoulder impingement According to this report, the injured worker complains of "pain and stiffness, decreased range of motion (ROM)." The 09/25/ 2014 report indicates the injured worker has "right shoulder pain extends into neck. Did one visit physical therapy, does feel helped for mobility neck, shoulder. There were no other significant findings noted on this report. The utilization review denied the request on 10/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/24/2014 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS4+ INF stimulator for a three month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NMES devices.

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

Decision rationale: According to the 10/10/2014 report by [REDACTED] this injured worker presents with pain and stiffness in the right shoulder. The treating physician is requesting MEDS4+ INF stimulator for a three month rental. MTUS does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. This injured worker presents with right shoulder pain for which this unit is not indicated. The request for MEDS4+ INF Stimulator for a Three Month Rental is not medically necessary