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| Case Number: | CM14-0023173 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 03/18/2002 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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:

This patient is a 73-year-old male with date of injury 3/18/02. Per the treating physician's report dated 10/22/13, the patient has bilateral shoulder pain, and is status post shoulder arthroscopic surgery in 2010 and right shoulder surgery as well. An MRI scan confirmed right shoulder rotator cuff tear of the supraspinatus and infraspinatus with retraction of large bursal tear of the subscapularis. The patient is also status post left shoulder rotator cuff repair, decompression, and distal clavicle resection as of 2010, and status post industrial bilateral shoulder injuries as of 2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-STIM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NEUROMUSCULAR ELECTRICAL STIMULATION, 121

Decision rationale: This patient presents with chronic bilateral shoulder pains and the patient is being scheduled for another surgery of the right shoulder to repair torn rotator cuff. The treating physician has asked for electrical stimulation unit to use for postoperative care and muscle reeducation. MTUS Guidelines do not support electrical muscle stimulation (NMES). NMES is used primarily as part of rehabilitation program following stroke and there is no evidence of support, its use in chronic pain. Given the lack of support from MTUS Guidelines, the request is not medically necessary.