

Case Number:	CM14-0029668		
Date Assigned:	06/16/2014	Date of Injury:	07/17/2007
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 California and Nevada. 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 57 year old male whose date of injury is 07/17/07. The records note that he sustained a blow to the head and upper torso by a heavy door while he was driving a tow motor. He has multiple complaints including neck and low back pain, as well as bilateral shoulder pain. The injured worker is status post right shoulder surgery on 11/02/11. After failing to improve with conservative care, the injured worker underwent left shoulder arthroscopy on 01/27/14. He was prescribed post-op physical therapy. A Surgi Stim also was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGI STIM WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post operative pain Page(s): 116.

Decision rationale: Per the California Medical Treatment Utilization Schedule guidelines, transcutaneous electrical nerve stimulation (TENS) for post operative pain may be recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of

lesser effect, or not at all for other orthopedic surgical procedures. The documentation submitted for review does not indicate acute post-operative pain not otherwise controlled by medications. The injured worker was prescribed hydrocodone for post-operative pain, and there is no indication that this was not sufficient to manage the injured worker's pain symptoms. Based on the clinical information provided, the request for Surgi Stim with supplies is not recommended as medically necessary.