

Case Number:	CM14-0031885		
Date Assigned:	06/20/2014	Date of Injury:	06/30/1997
Decision Date:	07/21/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery, 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 73-year-old female who was reportedly injured on June 30, 1997. The mechanism of injury was noted as lifting a patient while working as a caregiver. The most recent progress note dated May 14, 2014, indicated there were ongoing complaints of left shoulder pain. The physical examination demonstrated a 5 feet 6 inches, 145 pound individual in no acute distress. A decrease in shoulder range of motion was noted. Diagnostic imaging studies objectified acromioclavicular joint arthrosis. Previous treatment included left shoulder arthroscopy, right knee surgery and left knee surgery. A request was made for purchase of a muscle stimulator for the cervical and lumbar spine and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of muscle stimulating unit for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 of 127.

Decision rationale: A review of the MTUS, ACOEM and Official Disability Guidelines (ODG) provides no support for the use of localized stimulation in the treatment of a chronic shoulder or neck injury. Additionally, there was little in the physical examination to suggest a specific neuropathic pain generator as the causative factor. The imaging studies note the generator as an osteoarthritis, an ordinary disease of life. Therefore, based on the clinical information presented for review and by the parameters noted in the guidelines, this is not medically necessary.