

Case Number:	CM14-0033079		
Date Assigned:	06/11/2014	Date of Injury:	06/11/2012
Decision Date:	07/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pain Management, 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 is a patient with a date of injury of June 11, 2012. A utilization review determination dated February 11, 2014 recommends non-certification of a post-op Nexwave unit rental with electrodes and batteries. It notes that the patient underwent manipulation under anesthesia and extensive shoulder debridement on December 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE NEXWAVE UNIT RENTAL FOR THE RIGHT SHOULDER FOR TWO MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for post-op Nexwave unit rental x 2 months right shoulder, it is noted that this device is a combination unit utilizing interferential, TENS (transcutaneous electrical nerve stimulation), and NMES (neuromuscular electrical stimulation). The Chronic Pain Medical Treatment Guidelines supports TENS for up to thirty days postoperatively. However, interferential is supported only when significant pain from

postoperative conditions limits the ability to perform exercise programs/physical therapy treatment and NMES is supported only for rehabilitation following stroke. Within the documentation available for review, there is no documentation of significant pain after surgery limiting the ability to perform exercise programs/physical therapy treatment and an indication for NMES. The request for post-operative nexwave unit rental for the right shoulder for two months is not medically necessary or appropriate.

8 ELECTRODES FOR THE NEXWAVE UNIT RENTAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

8 BATTERIES FOR THE NEXWAVE UNIT RENTAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.