

Case Number:	CM14-0033662		
Date Assigned:	07/16/2014	Date of Injury:	11/18/2012
Decision Date:	08/14/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 49 year old patient who sustained injury on Nov 18 2012 . From cumulative trauma, the patient suffered symptoms for which she received treatment in Dec 3 2012. She had xrays and MRI and was treated with acupuncture. She was seen by [REDACTED] on Mar 8 2013 and was diagnosed with right shoulder sprain and strain. She was prescribed physical therapy for shoulder tendinitis and impingement on June 5 2013. She was also prescribed six chiropractic sessions, ART stim unit, MRI left shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T. stimulation unit - 3 months, rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NMES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NMES.

Decision rationale: Per ODG, NMES is under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. Not recommended for pain. There are no quality trials suggesting benefit from NMES for chronic pain. See the pain chapter. Muscle weakness, particularly of shoulder external

rotation, is common after rotator cuff repair surgery. NMES may be used concomitantly with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery (Reinold 2008). NMES, through multiple channels, attempts to stimulate motor nerves and alternatively causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion and re-educate muscles. This patient developed shoulder pain issues. The patient did not demonstrate improvement, from a mobility standpoint, in the office. Other devices, of simpler caliber, would not provide relief of symptoms as per ODG recommendations above. The request is not medically necessary and appropriate.