

Case Number:	CM14-0056996		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2007
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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 58 year-old female with a 3/23/07 date of injury. The mechanism of injury was a slip and fall. The 3/18/14 progress notes report left shoulder and lower back pain. Objective exam: right mid-anterior, thigh, right mid-lateral calf and right lateral ankle light touch sensation was intact. Diagnostic impression: Lumbar spine disc rupture and S/P repair left shoulder tear of the supraspinatus tendon and a second surgery. Treatment to date: shockwave and acupuncture therapy, shoulder surgery X2, Vasopneumatic cyclic compression unit, MUA, Orthostim3, Tri-modality Stimulator, shoulder exercise kit, ultrasound, lumbar epidural steroid injection, and LSO brace. A UR decision dated 4/9/14 denied the request for Orthostim4 due to lack of stated effectiveness of the previous treatment modalities, including the Orthostim 3. In addition, CA MTUS Guidelines do not endorse Othostim4 usage at any time. Treatment to date: shockwave and acupuncture therapy, shoulder surgery X2, vasopneumatic cyclic compression unit, MUA, Orthostim3, Tri-modality Stimulator, shoulder exercise kit, ultrasound, lumbar epidural steroid injection, and LSO brace. A UR decision dated 4/9/14 denied the request for Orthostim4 due to lack of stated effectiveness of the previous treatment modalities, including the Orthostim 3. In addition, CA MTUS Guidelines do not endorse Othostim4 usage at any time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim 4 replacement.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The Orthostim 4 unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, CA MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. In this case, there is no information about the patient using a TENS unit prior to initiating the Orthostim4. Furthermore, the patient had used the Orthostim3, and there is no documented benefit. There is no specific rationale provided as to why the patient needs the Ortho Stim unit despite lack of guidelines support. Therefore, the request for Orthostim 4 replacement is not medically necessary.