

<b>Case Number:</b>	CM14-0071119		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Preventive 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:

According to the records made available for review, this is a 61-year-old male with a 2/19/13 date of injury and status post right rotator cuff repair 7/26/13. At the time (4/11/14) of request for authorization for Orthostim interferential unit, there is documentation of subjective (right shoulder and lower back pain) and objective (decreased right shoulder and lumbar ranges of motion) findings, current diagnoses (status post right rotator cuff repair, lumbar strain, bilateral knee strain, and anxiety/depression), and treatment to date (medications, physical therapy, and right shoulder arthroscopy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthostim interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Neuromuscular electrical stimulation Galvanic stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page(s) 117-120 Page(s): 117-120.

**Decision rationale:** OrthoStim unit is a combination of neuromuscular stimulation, interferential current stimulation, Galvanic stimulation, and transcutaneous electrotherapy. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identify

that galvanic stimulation is not recommended and considered investigational for all indications; that neuromuscular stimulation is not recommended and is used primarily as part of a rehabilitation program following stroke with no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of status post right rotator cuff repair, lumbar strain, bilateral knee strain, and anxiety/depression. However, OrthoStim contains at least one component (Galvanic stimulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Orthostim interferential unit is not medically necessary.