

Case Number:	CM14-0073278		
Date Assigned:	07/16/2014	Date of Injury:	11/04/2011
Decision Date:	12/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 49-year-old female with an 11/4/11 date of injury. At the time (4/18/14) of request for authorization for Thermophore and Ortho stim unit, there is documentation of subjective (left shoulder pain) and objective (tenderness to palpation over the left shoulder, decreased range of motion of the left shoulder, positive impingement test and Codman's test) findings, current diagnoses (major depressive disorder single episode, brachial neuritis, medial epicondylitis of the elbow, and neck sprain/strain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermophore: 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), Shoulder, Thermo therapy.

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

Decision rationale: MTUS does not address this issue. ODG identifies a lack of evidence regarding efficacy of thermotherapy using heat in the management of shoulder complaints. Therefore, based on guidelines and a review of the evidence, the request for Thermophore is not medically necessary.

Ortho stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation, Neuromuscular electrical stimul. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, galvanic stimulation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 31, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), and Interferential Current Stimulation (ICS).

Decision rationale: A search of the manufacturer's website indicates that the SurgiStim is a device that utilizes interferential stimulation, neuromuscular stimulation and a high-voltage pulsed current. MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation (ICS), Microcurrent electrical stimulation (MENS devices), and Neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ortho stim unit is not medically necessary.