MAXIMUS Federal Services

| Case Number: | CM14-0077143 | | |
|---|---|---|---|
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/08/2013 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 71 year old male whose date of injury is 12/08/13. The injured worker sustained a hand and shoulder injury after lifting a box which weighed over 70 pounds from the floor. The submitted record consists of a single agreed medical examiner orthopedic report dated 06/09/14. Treatment to date is noted to include physical therapy and MRI of the right shoulder. On physical examination right shoulder range of motion is flexion 160, extension 40, abduction 160, adduction 30, external rotation 60 and internal rotation 60 degrees. Diagnoses are right shoulder arthritis and at AC joint, and right shoulder impingement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Tech Multi-Stimulation Unit for 90 Day Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS); Neuromuscular Electrical Stimulation (NMES) Device;Interferential Current Stimulation (ICS) Page(s): 116, 120-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for Pro-tech multi-stimulation unit for 90 day rental is not recommended as medically necessary. There is no clear

rationale provided to support the request at this time. There are no specific, time-limited treatment goals submitted for review in accordance with CA MTUS guidelines. CA MTUS guidelines would support a 30 day trial for appropriately identified injured workers, and there is no clear rationale provided to support exceeding this recommendation.