

<b>Case Number:</b>	CM14-0083758		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 45-year-old female with a reported date of injury on 12/10/2013. The mechanism of injury was noted to be due to repetitive trauma. Her diagnoses were noted to include neck sprain/strain, shoulder status post, rotator cuff syndrome of the shoulder, osteoarthritis, enthesopathy of the elbow, and tenosynovitis of the hand and wrist. Her previous treatments were noted to include a home exercise program, heat application, physical therapy, and medications. The progress note dated 05/14/2014 reported the injured worker complained of left shoulder pain and left upper extremity pain that was aggravated by lifting, pulling, pushing, and reaching rated 5/10 to 7/10. Upon physical examination, there was left shoulder tenderness to palpation at the subacromial, supraspinatus tendon, acromioclavicular joint, and trapezius with hypertonicity and spasm. There was a positive crepitus and impingement with a limited range of motion on flexion at 145 degrees, extension at 38 degrees, abduction at 136 degrees, adduction at 34 degrees, internal rotation at 70 degrees, and external rotation at 80 degrees. There was weakness graded 4/5 on flexion, adduction, and external rotation. The request for authorization form dated 05/14/2014 was for a home OrthoStim 4 unit to participate better with activities of daily living and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OrthoStim4 Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 and 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Galvanic Stimulation, Neuromuscular stimulation, Interferential stimulation Page(s): 117-118, 121.

**Decision rationale:** OrthoStim 4 unit works as a pulsed direct current stimulator, interferential stimulator, high volt pulsed current stimulator, and neuromuscular electrical stimulator. The Guidelines do not recommend high voltage pulsed stimulation and it is used primarily for local edema reduction through muscle pumping and polarity effect. The galvanic stimulation is considered investigation for all indications. The Guidelines do not recommend an interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The Guidelines do not recommend a neuromuscular electrical stimulation device as it is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There are no clinical trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. The OrthoStim 4 unit is a multi-modality electrical stimulation device, which is not supported by the Guidelines. Therefore, the request for OrthoStim4 Unit is not medically necessary.