

Case Number:	CM14-0089041		
Date Assigned:	09/19/2014	Date of Injury:	04/04/2011
Decision Date:	10/21/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Texas and Oklahoma. 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 50-year-old female who reported an injury on 04/04/2011. The mechanism of injury was not provided. On 04/07/2014, the injured worker presented with right shoulder pain, right neck pain, and headaches. On examination, there was limited range of motion of the neck. Provocative maneuvers were not performed. There was marked atrophy of the right shoulder girdle muscles and pain and restriction of shoulder motion. There was weakness and atrophy of the right shoulder girdle muscles and of ulnar innervated muscles bilaterally. The supraspinator and pronator are weak. The diagnoses were bilateral cubital tunnel syndrome, right carpal tunnel syndrome, possible cervical radiculopathy and definite pathology in the right shoulder girdle muscle. Prior therapy included medications. The provider recommended a dual electrical stimulator with electrodes. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prime Dual Electrical Stimulator with Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Tens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The California MTUS Guidelines do not recommend a stim care unit as an isolated intervention. There is no quality evidence of effectiveness. It may be recommended if pain is ineffectively controlled by medications, for medication intolerance or history of substance abuse and significant pain from postoperative conditions which limits ability to perform exercise programs or physical therapy treatment. There is lack of documentation provided that would reflect diminished effectiveness of medications, history of substance abuse or any postoperative conditions which would limit the injured worker's ability to perform exercise programs or physical therapy treatment. There was lack of documentation that the injured worker is unresponsive to conservative measures. The requesting physician does not include an adequate and complete assessment of the injured worker's objective functional condition which would demonstrate deficits needing to be addressed, as well as establish a baseline by which successive objective functional improvement over the courses of therapy. There is lack of documentation of other treatments that would be used in conjunction with the electrical stimulation unit such as exercise, return to work, or medications. As such, the request of one Prime Dual Electrical Stimulator with Electrodes is not medically necessary and appropriate.