

Case Number:	CM14-0091990		
Date Assigned:	07/25/2014	Date of Injury:	06/08/2004
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 Orthopaedic Surgery 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 55 year old male. He has left shoulder pain. His date of injury is over 10 years ago (6/8/2004) and it was a low back injury. The original injury occurred secondary to lifting. After the low back surgery in 2012, he woke up complaining of left shoulder pain. There was no conservative treatment documented other than injection. The injured worker underwent a left shoulder arthroscopy, subacromial decompression, rotator cuff debridement, and synovectomy/bursectomy on 9/26/13. The request under review is for an interferential muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for DME - Interferential Unit Rental with supplies x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: The interferential muscle stimulator was dispensed in 2013. There is no significant support in the peer reviewed literature for effectiveness and/or improved outcomes with a home muscle stimulator unit. There is no significant indication in the clinical exam notes

of need for a home stimulator unit. The injured worker completed therapy but there is documentation of the therapy being more so for his spine. Thus in the notes there is not significant documentation of the attempts at functional restoration of his shoulder function and need for home bone stimulator. Therefore, the request is not medically necessary.