

Case Number:	CM14-0195887		
Date Assigned:	12/03/2014	Date of Injury:	06/26/2012
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Practice 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:

The claimant is a 35 year old female who sustained a work injury on 6/1/12 involving the neck, shoulders, left elbow wrists and hands. She was diagnosed with left shoulder rotator cuff tendonitis, left wrist strain, left wrist ganglion cyst, and left thumb trigger finger. She underwent an open subacromial decompression of the left shoulder in September 2013. She had undergone physical therapy and treated with muscle relaxants and opioids for symptom relief. A progress note on 10/15/14 indicated the claimant had improved range of motion but continued pain in the involved areas. She had undergone removal of her ganglion cyst and had trigger finger release of the 1st and 2nd left finger. There was reduced range of motion of the left wrist. Continuation of therapy, shoulder sling, passive exercises and the use of Orthostim was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/Interferential unit.

Decision rationale: Orthostim is an electrical stimulation unit. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: Complex Regional Pain Syndrome (CRPS), multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. According to the guidelines, an interferential current is not recommended 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. There is no indication or supporting diagnoses for the use of an Orthostim unit. In addition, there is no indication for long-term use. The purchase of an Orthostim unit is not medically necessary.