

Case Number:	CM14-0208594		
Date Assigned:	12/22/2014	Date of Injury:	03/14/2014
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 14, 2014. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for a MEDS-4 modality interferential unit device with associated garment 30-day rental. The claims administrator referenced an October 1, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a work status report December 17, 2014, the applicant was placed off of work, on total temporary disability. In an earlier work status note dated December 3, 2014, the applicant was, once again, placed off of work, on total temporary disability. On November 7, 2014, the attending provider stated that he intended for the applicant to employ MEDS interferential stimulator device with associated garment for postoperative rehabilitation purposes. The applicant had apparently undergone a right shoulder synovectomy, subacromial decompression, debridement, and rotator cuff repair procedure on November 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) day rental of MEDS-4 Interferential unit with garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, TENS, Postoperative Pain Page(s): 121, 116. Decision based on Non-MTUS Citation Product Description.

Decision rationale: Per the product description, the MEDS-4 modality interferential stimulator unit is an amalgam of neuromuscular electrical stimulation and interferential current therapy. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES), one of the modalities in the article at issue, is not recommended outside of the postsurgical rehabilitation context. NMES, thus, is not recommended in the chronic pain context present here. Since one modality in the device at issue is not recommended, the entire device is not recommended. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does espouse a role for conventional transcutaneous electric therapy for acute postoperative pain purposes during the first 30 days following surgery, the request, here, however, is for a non-standard, multi-modality interferential therapy device which includes neuromuscular electrical stimulation, a modality which is explicitly deemed not recommended, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.