

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0103675 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 04/07/2012 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 51 year old male, who sustained an industrial/work injury on 4/7/12. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having medial meniscus tear, chondromalacia of patella, rotator cuff syndrome of shoulder, lateral epicondylitis, enthesopathy of wrist and carpus, progressive myositis ossificans, sprain of unspecified site of shoulder and upper arm, and sprain of lumbar region. Treatment to date has included medication, physical therapy, and cortisone injections. MRI results were reported on 7/14/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 7/14/14. Currently, the injured worker complains of right shoulder pain. Per the orthopedic report on 4/3/15, exam revealed decreased range of motion to the right shoulder, significant tenderness to the supraspinatus, greater tuberosity biceps tendon, acromioclavicular joint; subacromial crepitus, 44/5 right muscle strength, and positive impingement confirmed by MRI. The requested treatments include Surgi-Stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim unit for an initial period of 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES device) Interferential Current Stimulation (ICS) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Surgi-Stim unit for initial period of 90 days is not medically necessary. The surgi-stim unit is a combination interferential unit (IF) and electrical muscle stimulator. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome and partial thickness supraspinatus tendon tear; and right shoulder sprain strain injury. The injured worker is scheduled for a decompression arthroscopy of the right shoulder. The treating provider requested the surgi-stim as part of the postoperative treatment course. Surgi-stim is a combination IF unit and electrical stimulator. IF units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work and exercises. The guidelines recommend a one month clinical trial if the criteria are met for its use. The treating provider requested a 90 day initial period. There is no documentation of a one month clinical trial in the medical record. Consequently, absent clinical documentation with a one-month clinical trial for the Surgi-Stim unit, surgi-stim unit for initial period of 90 days is not medically necessary.