

Case Number:	CM15-0103803		
Date Assigned:	06/08/2015	Date of Injury:	09/20/2013
Decision Date:	07/07/2015	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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old male, who sustained an industrial injury on 9/20/13. The injured worker was diagnosed as having tendinitis and impingement syndrome of left shoulder. Treatment to date has included left shoulder surgical procedure, physical therapy and oral medications. Currently, the injured worker complains of weakness and intermittent aching, sharp stabbing pain in left shoulder rated 5/10 at rest and increasing with activity to 8/10. He is currently temporarily disabled following surgery. Physical exam noted pain and limited range of motion with flexion, abduction and external rotation and tenderness to palpation of greater tuberosity and over the lateral deltoid muscle. A request for authorization was submitted for meds4-Inf stimulator unit, purchase conductive garment and electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Meds 4 - Inf Stimulator Unit 30 Days Trial: 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 Inferential Current Stimulation Page(s): 118.

Decision rationale: The patient is a 42 year old male with an injury on 09/20/2013. He had left shoulder surgery. He continues to have left shoulder pain with decreased range of motion. The requested device is an inferential current stimulation device that is not recommended as there is no quality evidence of efficacy as an isolated treatment. It is not medically necessary for this patient.

DME Conductive Garment x 1 Purchase: 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 Inferential Current Stimulation Page(s): 118.

Decision rationale: The patient is a 42 year old male with an injury on 09/20/2013. He had left shoulder surgery. He continues to have left shoulder pain with decreased range of motion. The requested device is an inferential current stimulation device that is not recommended as there is no quality evidence of efficacy as an isolated treatment. It is not medically necessary for this patient. Since the device is not medically necessary, the conductive garment used for the device is not medically necessary

DME Electrodes for The Left Shoulder: 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 Inferential Current Stimulation Page(s): 118.

Decision rationale: The patient is a 42 year old male with an injury on 09/20/2013. He had left shoulder surgery. He continues to have left shoulder pain with decreased range of motion. The requested device is an inferential current stimulation device that is not recommended as there is no quality evidence of efficacy as an isolated treatment. It is not medically necessary for this patient. Since the device is not medically necessary, the electrodes used for the device are not medically necessary.