

Case Number:	CM15-0132418		
Date Assigned:	07/20/2015	Date of Injury:	09/23/2009
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male with an industrial injury dated 09/23/2009. The injured worker's diagnoses include status post left shoulder surgery with extensive debridement of the rotator cuff and labrum, synovectomy with capsular release, distal clavicle resection and subacromial decompression on 12/04/2014. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, MEDS4 and periodic follow up visits. In a progress note dated 12/29/2014, the injured worker reported ongoing left shoulder pain. The injured worker reported elevation in his symptoms with use of the MEDS4 and physical therapy. The injured worker rated pain a 4/10 at rest and a 6-7/10 with activity. Objective findings revealed unremarkable visual evaluation of the left shoulder. The treating physician reported stable shoulder on examination. Treatment plan consisted of home exercise therapy, medication management, hot and cold modalities and cortisone injection to the left shoulder. The treating physician prescribed services for MEDS4-INF (inferential unit) rental 30 days for the left shoulder, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS4-INF rental 30 day rental (left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for left shoulder pain. When seen, he had undergone left shoulder surgery with debridement and a capsular release in December 2014. There was shoulder tenderness with decreased range of motion and strength. Authorization for a MEDS-4-INF unit was requested. The requested device is a combination unit providing TENS and muscle, interferential, and micro current stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device or micro current electrical stimulation (MENS) is not recommended. Therefore, rental of a combination unit was not medically necessary.