MAXIMUS Federal Services

Case Number:	CM15-0216263		
Date Assigned:	11/06/2015	Date of Injury:	06/21/2012
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient who sustained an industrial injury on 6-21-12. The diagnoses include sprain and strain of the left shoulder (trapezioscapula) with recent exacerbation in June 2015, left shoulder bicipital tendinitis, left shoulder subacromial bursitis, and left shoulder impingement syndrome. Per the doctor's note dated 9-10-15, she had complaints of left shoulder pain that radiates to the cervical spine, rating "8 out of 10". She reported that the cervical pain is causing migraine headaches. The physical exam revealed no sensory deficit of the cervical spine, normal muscle examination, normal range of motion of bilateral shoulders; the left shoulder-moderate tenderness, negative Neer and Hawkins' tests and negative Speed tests. The medications list includes motrin. Other therapy done for this injury was not specified in the records provided. Treatment recommendations include use of hot packs, electronic muscle stimulator, and therapeutic exercise 3 times a week for 3 weeks. The utilization review (10-16-15) includes a request for authorization for and EMS unit for home use - left shoulder. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS (electronic muscle stimulator) unit for home use for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: EMS (electronic muscle stimulator) unit for home use for the left shoulder. Per the CA MTUS Chronic Pain Medical Treatment Guidelines neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no trials suggesting benefit from NMES for chronic pain. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Evidence of stroke is not specified in the records provided. Response to previous conservative therapy including physical therapy is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of EMS (electronic muscle stimulator) unit for home use for the left shoulder is not medically necessary for this patient.