

Case Number:	CM15-0217796		
Date Assigned:	11/09/2015	Date of Injury:	05/19/2011
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 5-19-2011. The injured worker is being treated for status post left shoulder arthroscopic subacromial decompression with partial distal claviclectomy. Treatment to date has included surgical intervention of the left shoulder and medications. Per the handwritten Primary Treating Physician's Progress Report dated 8-06-2015, the injured worker reported neck pain, bilateral shoulder pain, mid and lower back pain, right knee pain and right and left wrist pain. Objective findings included restricted ranges of motion. Work status was temporarily totally disabled. The plan of care included oral and topical medications, urine toxicology, injections and X-force stimulator for home use. Per the orthopedic reevaluation dated 9-14-2015, she is status post right shoulder surgery on 9-11-2015. She is using CPM machine and medications including antibiotics and pain medication. She has a dry wound and pain pump was removed. Authorization was requested for X-force stimulator with supplies and conductive garment. On 10-14-2015, Utilization Review non-certified the request for X-force stimulator with supplies and conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS unknown, X-force stimulator with supplies & conductive 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 Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation trademarkia.com/xforce-stimulator-85225577.html.

Decision rationale: This is a request for retro dos unknown, x-force stimulator with supplies & conductive garment. Treatment history include left and right shoulder surgery, physical therapy, injections, CMP machine, and medications. The patient is temporarily totally disabled. Per trademarkia.com/xforce-stimulator-85225577.html, the X-Force Stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The X-Force Stimulator is a non-invasive, non-addictive form of therapy used to help relieve the symptoms caused by arthritis and other joint conditions. The MTUS guidelines are silent regarding X-force stimulators. However, MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Per report 09/14/15, the patient is status post right shoulder surgery on 09/11/15 and continues to have pain. Examination revealed she has a dry wound. Some of the progress reports are hand-written and partially illegible. Per report 06/11/15, the treater requested authorization for shoulder surgery and recommended x-force with solar care for home use. It appears that the unit was dispensed prior to receiving authorization. The RFA dated 08/06/15 states that the request is for purchase of an X-force simulator unit. In this case, there is no evidence-based guideline support for the "dual modality Unit." In addition, the current request is for a purchase, and there is no mention of previous use of a TENS unit for a 1-month trial as required by MTUS guidelines. Therefore, the request is not medically necessary.