MAXIMUS Federal Services

Case Number:	CM15-0052300		
Date Assigned:	03/25/2015	Date of Injury:	08/23/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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:

This 64-year-old female sustained an industrial injury on 8/23/13. She subsequently reported right shoulder pain. Diagnoses include right shoulder rotator cuff tear, supraspinatus, right shoulder impingement and right shoulder acromioclavicular. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder symptoms. Requests for Meds-4-Interferential Stimulator unit for the right shoulder, 30-day trial, Conductive garment for purchase and the treating physician made Electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4-Interferential Stimulator unit for the right shoulder, 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 02/27/15).

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-related injury in August 2013 and continues to be treated for chronic right shoulder pain with a diagnosis of rotator cuff impingement with a rotator cuff tear. The request unit is a combination unit including interferential and neuromuscular stimulation. Use of a neuromuscular electrical stimulation (NMES) device 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. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use include documentation of a one-month trial period including how often the unit was used, as well as outcomes in terms of pain relief. In this case, a basic interferential stimulation unit would be appropriate. The requested combination unit including supplies, however, is not medically necessary.

Conductive garment for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 02/27/15).

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

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic right shoulder pain with a diagnosis of rotator cuff impingement with a rotator cuff tear. The request unit is a combination unit including interferential and neuromuscular stimulation. Use of a neuromuscular electrical stimulation (NMES) device 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. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use include documentation of a one-month trial period including how often the unit was used, as well as outcomes in terms of pain relief. In this case, a basic interferential stimulation unit would be appropriate. The requested combination unit including conductive garment, however, is not medically necessary.

Electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 02/27/15).

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-related injury in August 2013 and continues to be treated for chronic right shoulder pain with a diagnosis of rotator cuff impingement with a rotator cuff tear. The request unit is a combination unit including interferential and neuromuscular stimulation. Use of a neuromuscular electrical stimulation (NMES) device 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. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use include documentation of a one-month trial period including how often the unit was used, as well as outcomes in terms of pain relief. In this case, a basic interferential

stimulation unit would be appropriate. The requested combination unit including electrodes, however, is not medically necessary.