

Case Number:	CM15-0054431		
Date Assigned:	03/30/2015	Date of Injury:	06/18/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, 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:

The injured worker was a year 57 old male, who sustained an industrial injury, June 18, 2012. The injured worker previously received the following treatments x-rays, physical therapy, left shoulder surgery times 2, left elbow surgery, left elbow reconstruction and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities. The injured worker was diagnosed with right shoulder impingement syndrome with possible rotator cuff tear and bilateral carpal tunnel syndrome. According to progress note of February 26, 2015, the injured workers chief complaint was pain in the neck and shoulders with radiating pain down bilaterally to the upper extremities to both wrists and hands with numbness and tingling and headaches. The physical exam noted tenderness with palpation, limited range of motion, impingement sign remain positive with decreased sensation. The treatment plan included motorized cold unit a-stem and ACR shoulder sling for postoperative care from right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative purchase of A-stim (electrotherapy unit) right shoulder: 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, electrical stimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1 October 2014 Cochrane database -October 2014Electrotherapy modalitiesPage MJ, Green S, Kramer S, Johnston RV, McBain B, Buchbinder R.

Decision rationale: The ACOEM, MTUS and ODG do not make a statement on electrotherapy (other than TENS and muscle stimulators). Based on the Cochrane database, it is unclear whether electrotherapy modalities are an effective adjunct to exercise. Further high quality randomized controlled trials are needed to establish the benefits and harms of physical therapy interventions (that comprise electrotherapy modalities, manual therapy and exercise, and are reflective of clinical practice). In this case, the claimant had shoulder impingement and was to undergo surgery. There is lack of strong clinical evidence to support the use of A-stim. In addition, the request was for a purchase rather than a rental implying long-term use. Based on the request and clinical information, purchase of A-stim is not medically necessary.