

<b>Case Number:</b>	CM15-0083152		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 51 year old male, who sustained an industrial injury on September 9, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right shoulder posttraumatic arthrosis of the acromioclavicular joint, right shoulder rotator cuff tear of the supraspinatus, 30% complete with retraction, and status post coronary artery diagnosis stent. On February 2, 2015, the treating physician notes that the MRI of the right shoulder from June 23, 2014 revealed a complete tear of the rotator cuff and an arthrosis of the acromioclavicular joint with extrinsic pressure on the supraspinatus tendon. Treatment to date has included physical therapy, steroid injection, and medications including oral pain, topical compound pain, and anti-epilepsy. On March 19, 2015 the injured worker complains of severe pain of the right shoulder, right wrist, and right shoulder. In addition, he complains of moderate left shoulder pain. There was not much change in his pain following the epidural steroid injection at cervical 5, cervical 6, and cervical 7 that was performed on February 3, 2015. He is not working at this time. The physical exam revealed moderately decreased range of motion and positive impingement, Neer's, Hawkins, and O'Brien's of the right shoulder. There was decreased deltoid and rotators strength. The right hand grasp was decreased. He is status post placement of a cardiac stent in the fall of 2014 and is awaiting cardiac clearance for right shoulder arthroscopic surgery. The treatment plan includes his current oral pain, topical compound pain, and anti-epilepsy medications and an x-force stimulator with solar care for pain alleviation while waiting for cardiac clearance. His work status is described as temporarily totally disabled.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-force stimulator with solar care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203.

**Decision rationale:** The patient is a 51 year old male with an injury on 09/09/2013. He had a right rotator cuff tear but in the process of getting cardiac clearance it was noted that he had coronary artery disease and required a cardiac stent. The requested stimulator unit is not consistent with MTUS, ACOEM guidelines as electrical stimulation has not been a MTUS recommended treatment for shoulder injuries. It is not medically necessary for this patient.