MAXIMUS Federal Services

Case Number:	CM15-0237534		
Date Assigned:	12/14/2015	Date of Injury:	07/31/2013
Decision Date:	01/21/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/04/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 31, 2013. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve request for a 3-month rental of a multimodality transcutaneous electrotherapy device. An October 29, 2015 office visit and an associated November 5, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On November 4, 2015, the applicant reported ongoing issues with chronic shoulder pain status post earlier shoulder surgery. The applicant had co-morbid hypothyroidism, the attending provider reported. A rather proscriptive 5-pound lifting limitation was endorsed. The treating provider stated that the applicant had undergone shoulder surgery on May 27, 2015. The treating provider suggested that the applicant's employer would likely be unable to accommodate said 5-pound lifting limitation. The applicant was described as having issues with substantial stiffness postoperatively. On an earlier note dated October 13, 2015, the same, unchanged rather proscriptive 5- pound lifting limitation was renewed. Shoulder range of motion was limited to 140 degrees of abduction. Once again, it was suggested the applicant's employer was unable to accommodate said 5-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART Meds-4 Unit x 3 months: 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 based on Non-MTUS Citation Product Description Welcome To Advanced Rehabilitation Technologies http://artrehab.com/products/meds-4-inf.phpMEDS-4-INF+PageMEDS-4-INF+(NMES and Interferential).

Decision rationale: No, the request for an ART MEDS-4 was not medically necessary, medically appropriate, or indicated here. The device in question, per the product description, is an amalgam of neuromuscular electrical stimulation and interferential stimulation therapy. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES), i.e., the primary modality device in question, is not recommended in the chronic pain context present here, but, rather, should be reserved for the post-stroke rehabilitative context. Here, however, there was no mention of the claimant's has sustained a stroke. Since the NMES component of the device was not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.