

<b>Case Number:</b>	CM14-0153888		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a 10/18/10 date of injury. At the time (8/9/14) of request for authorization for Ortho Stim Unit and Supplies, Bilateral Shoulders, there is documentation of subjective (neck and bilateral shoulder pain) and objective (decreased cervical spine and right shoulder range of motion, and tenderness over the cervical spine) findings, current diagnoses (shoulder strain and cervical spine strain), and treatment to date (muscle stimulator and medications). Medical report identifies a request for muscle stimulator for the patient as it has been very helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Stim Unit and Supplies, Bilateral Shoudlers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment (DME).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

**Decision rationale:** OrthoStim unit is a combination of neuromuscular stimulation, interferential current stimulation, Galvanic stimulation, and transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines identify that galvanic stimulation is not recommended and

considered investigational for all indications; that neuromuscular stimulation is not recommended and is used primarily as part of a rehabilitation program following stroke with no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of shoulder strain and cervical spine strain. However, OrthoStim contains at least one component (Galvanic stimulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ortho Stim Unit and Supplies, Bilateral Shoulders is not medically necessary.