

Case Number:	CM14-0215784		
Date Assigned:	01/05/2015	Date of Injury:	09/26/2000
Decision Date:	02/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 44 year old male with date of injury 4/26/00. The mechanism of injury is not stated in the available medical records. The patient has complained of right shoulder pain and low back pain since the date of injury. He has been treated with lumbar spine surgery, steroid injection, pool therapy, physical therapy and medications since the date of injury. MRI of the right shoulder performed in 10/2013 revealed a large, full thickness tear of the supraspinatus tendon. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature; right shoulder: positive impingement sign, decrease in motor strength external rotation, decreased abduction range of motion. Diagnoses: lumbago, failed back surgery, rotator cuff rupture/complete tear. Treatment plan and request: surgi stim unit, 4 week CPM rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular stimulation Page(s): 121.

Decision rationale: This 44 year old male has complained of right shoulder pain and low back pain since date of injury 9/26/00. He has been treated with lumbar spine surgery, steroid injection, pool therapy, physical therapy and medications. The current request is for surgi-stim unit. Per the MTUS guideline cited above, neuromuscular stimulation devices are not recommended. Studies have shown no benefit for the use of NMES in the treatment of chronic pain. On the basis of the MTUS guideline cited above, surgi stim unit is not indicated as medically necessary.

4 week CPM rental: 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 chapter, Continuous passive motion (CPM)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: This 44 year old male has complained of right shoulder pain and low back pain since date of injury 9/26/00. He has been treated with lumbar spine surgery, steroid injection, pool therapy, physical therapy and medications. The current request is for 4 week CPM rental is therefore not medically necessary.