

Case Number:	CM15-0165823		
Date Assigned:	09/03/2015	Date of Injury:	07/22/2013
Decision Date:	11/18/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, North Carolina

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 is a 65 year old male, who sustained an industrial injury on July 22, 2013. He reported an injury to his right shoulder. Treatment to date has included diagnostic imaging, right shoulder arthroscopic surgery, physical therapy, cortisone injection to the right shoulder, NSAIDS, trigger point injections to the thoracic spine, and acupuncture therapy. An evaluation on April 27, 2015 revealed the injured worker complained of intermittent pain of the right shoulder. He rated his pain a 2-4 on a 10-point scale and reported associated numbness to the right ring finger and right small finger. On physical examination the injured worker has tenderness to palpation along the acromioclavicular joint, the supraspinatus deltoid complex and the rotator cuff of the right upper extremity. An impingement test was negative and drop arm test was negative. He has decreased range of motion of the bilateral shoulders. An EMG-NCV of the bilateral upper extremities revealed mild right ulnar neuropathy. The diagnoses associated with the request include status post right shoulder surgery. A request was received for a six month rental of prime dual nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month rental of prime dual nerve stimulator (TENS/EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The request is for a 6 month rental of a Prime Dual Nerve Stimulator for a patient with chronic right shoulder pain. This device is a multi-stim unit, which incorporates TENS and EMS in one unit. Even if one mode of stimulation was required, it is unclear as to what circumstances would require both modes of stimulation. Within the medical records submitted, there was no documentation of a TENS trial, as required by CA MTUS Guidelines. There is also no current program of evidence-based functional restoration, also required by guidelines. There are no properly controlled trials for the use of this device for the patient's medical problem. These devices are typically used for stroke rehabilitation and are not recommended for chronic pain. Therefore the request is not medically necessary or appropriate.