

Case Number:	CM15-0026447		
Date Assigned:	02/18/2015	Date of Injury:	06/10/2014
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on June 10, 2014. She has reported bilateral shoulder pain. The diagnoses have included adhesive capsulitis of the shoulder, rotator cuff syndrome, and tendonitis and impingement syndrome of the shoulders. Treatment to date has included medications, physical therapy, home exercises, heat, ice, injections, right shoulder debridement of the rotator cuff with subacromionial decompression, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of increased shoulder pain following the right shoulder surgery and weakness of the hands and arms. Physical examination showed decreased range of motion of the right shoulder. The treating physician is requesting an IF stimulator for a thirty day trial, purchase of a conductive garment, and electrodes. On February 9, 2015 Utilization Review partially certified the request, adjusting to a transcutaneous electrical nerve stimulation unit for thirty days postoperatively only. The California Medical Treatment Utilization Schedule was cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds4-inf stimulator unit 30 days trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with bilateral shoulder pain. The treater has asked for MEDS4 INF STIMULATOR UNIT 30 DAYS TRIAL on 1/5/15 to increase circulation and decrease pain for post-op rehabilitation for a 30 day rental. Meds 4 Unit is a combination TENS unit, muscle stimulator, interferential unit, and micro current in one. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with chronic shoulder pain. This type of condition is not indicated per MTUS guidelines for use of muscle stimulator. Review of the records do not show evidence that the patient has had a stroke. The request IS NOT medically necessary.

Purchase of conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with bilateral shoulder pain. The treater has asked for PURCHASE OF CONDUCTIVE GARMENT but the requesting progress report is not included in the provided documentation. On 1/15/15, the treater requested Meds 4 Unit with garment. Meds 4 Unit is a combination TENS unit, muscle stimulator, interferential unit, and micro current in one. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. MTUS also states, "Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions -such as skin pathology- that prevents the use of the traditional system, or the TENS unit is to be used under a cast -as in treatment for disuse atrophy" In this case, the patient presents with chronic shoulder pain. This type of condition is not indicated per MTUS guidelines for use of muscle stimulator. Review of the records do not show evidence that the patient has had a stroke. In addition, MTUS only recommends a conductive garment under special circumstances. The request IS NOT medically necessary.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with bilateral shoulder pain. The treater has asked for ELECTRODES but the requesting progress report is not included in the provided documentation. Meds 4 Unit is a combination TENS unit, muscle stimulator, interferential unit, and micro current in one. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with chronic shoulder pain. This type of condition is not indicated per MTUS guidelines for use of muscle stimulator. Review of the records do not show evidence that the patient has had a stroke. As the requested Meds 4 Unit is not indicated, neither are the electrodes indicated. The request IS NOT medically necessary.