

<b>Case Number:</b>	CM15-0064723		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Internal 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 injured worker is a 34 year old male who sustained an industrial injury on 3/6/14 when he lifted a heavy container resulting in pain to the right wrist, forearm, elbow and shoulder. He currently complains of continued right shoulder pain with decreased range of motion. Medications are naproxen, Prilosec, Menthoderm Gel. Diagnoses include status post right 1st dorsal compartment release (9/10/14; right shoulder pain with right rotator cuff tendinitis. Treatments to date include medications, physical therapy, nerve block to the right shoulder, cortisone injection into the right shoulder subacromial space with relief of pain for two weeks. Diagnostics include MRI of the right shoulder (1/30/15) with abnormalities. In the progress note dated 3/16/15 the treating provider's plan of care include request for ART-e-stimulator unit and supplies for home use for the right shoulder. He has been using this device in therapy and finds significant pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ART E-Stim Unit and supplies for home use for the right shoulder-purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203, 271, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-117. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation. Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrical stimulators (E-stim).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that TENS units and passive modalities are not recommended. Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) indicates that electrical stimulators (E-stim) are not recommended. Electrical stimulation units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. The medical records document a history of shoulder and wrist complaints. ACOEM, MTUS, and ODG guidelines do not support the request for an ART E-stim Unit. Therefore, the request for an ART E-stim Unit is not medically necessary.