

Case Number:	CM15-0073525		
Date Assigned:	04/23/2015	Date of Injury:	11/01/2011
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female patient who sustained an industrial injury on 11/01/2011. A primary treating office visit dated 12/23/2014 reported the patient with subjective complaint of left shoulder pain that is aggravated with repetitive use of the left upper extremity. She is currently not receiving any treatment, but has received authorization for physical therapy and acupuncture session. She is diagnosed with: status post left shoulder arthroscopy on 01/2014; left frozen shoulder; right shoulder impingement syndrome, rule out internal derangement, and left shoulder tendonitis impingement syndrome. The plan of care involved: recommending a short course of physical therapy, short course of acupuncture, and undergo an orthopedic consultation for the left shoulder. Another primary treating follow up visit dated 10/28/2014 reported the patient with subjective complaint of left shoulder pain with limited ability to do activities with the left shoulder. There is no change in the treating diagnoses. The plan of care involved: orthopedic consultation, undergo an arthrogram and participate in a short course of both physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MultiStim Plus Supplies 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for left shoulder pain. Treatments have included arthroscopic surgery complicated by adhesive capsulitis. When seen, there was shoulder tenderness with decreased and painful range of motion. The requested unit provided combination of TENS, and interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Additionally, the request was for a 5 month rental which would be excessive in terms of determining whether ongoing use and possible purchase of a basic would be considered. Therefore the trial using the requested combination unit was not medically necessary.