Case Number:	CM13-0009492		
Date Assigned:	12/27/2013	**Date of Injury:**	02/22/2013
Decision Date:	03/05/2014	**UR Denial Date:**	07/31/2013
Priority:	Standard	**Application Received:**	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year old with date of injury on 2/22/2013. Patient is being treated for ongoing shoulder pain with numbness and tingling. Subjective complaints are constant shoulder pain with persistent aggravation. Physical exam shows tenderness over the subacromial bursa, with a positive Hawkins and Speeds test. No weakness was noted. Diagnoses include strain/sprain left shoulder, impingement syndrome left shoulder, or possible supraspinatus tear. A left shoulder MRI was performed showing a tear of the supraspinatus tendon with effusion and bursitis. The patient was subsequently scheduled for surgery on 7/26/13, which prompted the request for post-operative use of a therma-cooling system and neuromuscular electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma cooling System, rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Knee and Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Flow Cryotherapy

Decision rationale: While CA MTUS does mention using thermal modalities as an initial therapy for acute pain or to aid in an exercise program, it does not specifically address a therma-cooling system. ODG states that a continuous-flow cryotherapy can be recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use is generally up to 7 days. Postoperative use has been proven to decrease pain, inflammation, swelling, and narcotic usage. Due to this recommendation, the indication for therma-cooling should be considered post-operatively; therefore the request on 7/25/13 for post-operative use is medically necessary.

Neuromuscular Electric Stimulation & Supplies: Overturned

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 NMES Page(s): 121.

Decision rationale: CA MTUS does not recommend neuromuscular electric stimulation as it is used primarily for rehabilitation program following stroke and there is no evidence to support its use in chronic pain. ODG states the following: "Muscle weakness, particularly of shoulder external rotation, is common after rotator cuff repair surgery. NMES has been shown to be an effective adjunct in the enhancement of muscle recruitment. This study concluded that NMES may be used concomitantly with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. (Reinold, 2008) NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles." On the basis of the ODG guidelines the request for neuromuscular electric stimulation is appropriate for use immediately after rotator cuff surgery as a therapeutic and strengthening tool. Therefore the medical necessity of a NMES unit is established postoperatively for this patient.