

<b>Case Number:</b>	CM13-0017337		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 60-year-old male who sustained an injury to the right shoulder in a work-related accident on 5/18/11. He fell off of a roof also sustaining a traumatic brain injury. He had a craniotomy as well as significant compression fractures to the spine. Specific to his right shoulder, there was documentation of an MRI scan with a Grade III acromioclavicular separation. The most recent clinical assessment dated 11/19/12 from an orthopedic perspective indicated a review of the claimant's MRI scan and objective findings demonstrated weakness, acromioclavicular joint tenderness, and positive impingement; it was documented that he was an excellent candidate for right shoulder arthroscopy with open acromioclavicular ligament reconstruction and distal clavicle resection (i.e. Weaver-Dunn Procedure). Further treatment with regard to the claimant's shoulder is not noted. There is a request for postsurgical use of a CPM device for the shoulder for 45 days as well as a post-operative use of a Surgi-stim unit for a ninety day period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home continuous passive motion (CPM) device for an initial period of 45 days to assist in restoring range of motion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure- Continuous passive motion (CPM).

**Decision rationale:** California MTUS Guidelines are silent regarding this issue. When looking at the Official Disability Guidelines criteria, CPM usage in the postoperative setting of a shoulder procedure is not supported. As the requested CPM is not supported in the evidence based literature, the request for a home CPM device for an initial period of 45 days is not medically necessary and appropriate.

**Post-operative Surgi-Stim unit for an initial period of 90 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, section on Neuromuscular electrical stimulation (.).

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, a Surgi-stim IV unit, which is a combination stimulator device that includes neuromuscular electrical stimulation would not be considered as medically necessary. Neuromuscular electrical stimulation is not recommended per MTUS Chronic Pain Guidelines, as it is used primarily only as part of a rehabilitation program following strokes. The Guidelines indicate that there is no evidence to support neuromuscular electrical stimulation in the acute postoperative setting or chronic pain period. The request for post-operative surgi-stim unit for an initial period of 90 days is not medically necessary and appropriate.