

Case Number:	CM13-0021903		
Date Assigned:	11/13/2013	Date of Injury:	03/20/2012
Decision Date:	02/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and rehabilitation, has a subspecialty in Pain Medicine, 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.

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 patient is a 38-year-old with date of injury of 03/20/2012. The UR determination being challenged is dated 08/26/2013 and recommends denial for Surgi-Stim unit for 90days and pre-operative clearance. Medical records show patient is being treated for right shoulder and wrist injury and is status post carpal tunnel release (08/08/2013). MRI dated 05/17/2013 revealed partial-thickness supraspinatus rotator cuff tear with chronic subacromial impingement syndrome. On 06/24/2013, [REDACTED] recommended an arthroscopic right shoulder decompression, distal clavicle resection and possible rotator cuff repair. Subsequent report by PTP (peer-to-peer) [REDACTED] dated 07/08/2013, concur with surgical recommendations. UR letter dated 08/26/2013 authorized the shoulder surgery but denied the pre-operative clearance stating "preoperative evaluation from the National Guideline of Clearinghouse, follows basic premise that diagnostic tests are not part of the preoperative basic health assessment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim unit for initial period of 90 days with functional and sympathetic benefit at ninety day use, then purchase of the unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Devices Page(s): 121.

Decision rationale: Treater is requesting a Surgi-stim unit for 90 days for post-operative care. The Chronic Pain Medical Treatment Guidelines states neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain or post surgical care. The request for Surgi-Stim unit for initial period of 90 days with functional and sympathetic benefit at ninety day use, then purchase of the unit, is not medically necessary or appropriate.

Pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Preoperative Evaluation Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: The Physician Reviewer's decision rationale: UR letter dated 08/26/2013 indicates that the right shoulder arthroscopic decompression with [REDACTED] is certified. However, the pre-op clearance is not certified. [REDACTED] requests patient be seen for standard pre-operative procedure medical clearance with [REDACTED] or an associate. The MTUS and ACOEM do not discuss pre-operative clearance. However, the patient has been approved for the right shoulder arthroscopic decompression. The request for pre-operative clearance is medically necessary and appropriate.