

<b>Case Number:</b>	CM13-0024191		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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. 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:

The claimant is a 48-year-old gentleman who was injured January 9, 2012. The clinical records indicate an injury to the right upper extremity for which recent request for a right shoulder arthroscopic subacromial decompression and distal clavicle resection with loose body removal and debridement had been certified by carrier. Specific to the surgical process in question there is a request for postoperative use of a 45 day use of a CPM machine as well as a 90 day use of a "SurgiStim" unit. The specific requests in this case are for the postoperative DME devices in regards to the claimant's surgical process being requested. Further clinical records are not relevant to the specific request at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion (CPM) rental for 45 days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates, Shoulder procedure, Continuous passive motion (CPM).

**Decision rationale:** California ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the role of CPM use for the shoulder is not indicated. The role of CPM treatment for a shoulder diagnosis, or surgical intervention is not supported by Guideline criteria stating recent randomized clinical trials that demonstrated no significant benefit with the use of CPM over use of formal physical therapy and conservative modalities alone. The specific request for the 45 day rental of the above device would not be indicated.

**Surgistim rental for 90 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, NMES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices Pa.

**Decision rationale:** Based on California MTUS Guidelines, the role of a SurgiStim unit would not be indicated. SurgiStim units are a combination stimulator devices consisting of interferential therapy as well as neuromuscular electrical stimulation. The role of neuromuscular electrical stimulation is not supported by Guideline criteria and is noted to be "used primarily as part of a rehabilitation program following stroke with no evidence to support its use in the chronic pain setting". Guideline criteria do not support the role of this device in the acute postoperative setting. The specific request would not be indicated at this time.