

Case Number:	CM13-0025390		
Date Assigned:	12/11/2013	Date of Injury:	06/01/2004
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

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 Texas. 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:

The patient is a 53-year-old male who had a reported injury on 06/01/2004. The patient was noted to be approved for a right shoulder arthroscopic decompression, distal clavicle resection, retrocoracoid decompression, and rotator cuff repair. The diagnosis was noted to be rotator cuff syndrome, shoulder, and allied disorders. The request was made for a Continuous passive motion (CPM) rental times 45 days, Surgi-Stem rental times 90 days, and Coolcare cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim rental x90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgi-Stim includes IF, Section Neuromuscular Electrical Stimulation (NMES) Page(s): 118, 121.

Decision rationale: The California MTUS Guidelines do not address Surgi-Stim specifically; however, research included the Surgi-Stim includes interferential and Neuromuscular Electrical Stimulation (NMES). Per California MTUS Guidelines, interferential current stimulation is not recommended as an isolated intervention and neuromuscular electrical stimulation (NMES) is

used primarily as part of a rehabilitation program following stroke. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, Surgi-Stim rental times 90 days is not medically necessary.

Coolcare cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Cryotherapy, Online Version

Decision rationale: Per Official Disability Guidelines, continuous flow cryotherapy is recommended as an option after surgery for up to 7 days including home use. The clinical documentation submitted for review indicated the patient's surgery was approved and would be for the rotator cuff problem. The clinical documentation submitted for review indicated the request had an unspecified duration. Given the lack of documentation and clarification, the request for Coolcare therapy unit is not medically necessary.