

Case Number:	CM13-0030444		
Date Assigned:	12/11/2013	Date of Injury:	12/23/2010
Decision Date:	02/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 Interventional Spine 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:

This is a 62-year-old male who was injured on 12/23/10. He was diagnosed with: left shoulder partial tear of the supraspinatus tendon with mild to moderate AC DJD with impingement and periscapular strain; cervical/trapezial musculoligamentous strain; lumbar musculoligamentous strain with left lower extremity radiculitis; right shoulder periscapular strain, tendinitis and bursitis; stress, anxiety and depression. The IMR application shows a dispute with the 9/17/13 UR decision. The 9/17/13 UR decision is by [REDACTED] and is based on the 9/9/13 medical report from [REDACTED], and recommends against a SurgiStim4 unit, supplies, a pad for a cold therapy unit, and CPM 60-day rental for the shoulder. Unfortunately, the 9/9/13 medical report from [REDACTED] was not provided for this IMR. I do have the 9/9/13 medical report from [REDACTED] for medical clearance for a shoulder surgery, but the medical report from [REDACTED] that presumably has the requested items and rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month rental of Surgistim4-interferential stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS) Page(s): 114-121.

Decision rationale: The patient is anticipating a surgery for the shoulder. MTUS states IF unit can be used in a 1-month trial if there is: "Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment" The patient may be a candidate for an IF unit, However, the request before me, is for a SurgiStim4 unit which is a multimodality unit containing NMES in addition to IF, High Volt and pulsed DC. MTUS specifically states NMES is not recommended. Since the NMES is an integral part of the SurgiStim 4 unit, the whole SurgiStim 4 cannot be considered to be in accordance with MTUS guidelines.

1 Sterile electrodes pack: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS) Page(s): 114-121.

Decision rationale: Utilization review has taken the request for the SurgiStim4 unit and apparently separated out each request. The sterile electrode pack, the 3 non-sterile electrode pack, 12 power pack batteries, and lead wire are all require the SurgiStim4 unit , and none of the items are medical treatment by themselves without the SurgStim4 unit. The SurgiStim4 unit is not in accordance with MTUS guidelines due to the integral NMES which MTUS specifically recommends against. The electrode, that is required for use of a device that is not recommended by MTUS, cannot be considered to be to be used in accordance with MTUS guidelines.

3 non-sterile electrodes pack,: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS), Page(s): 114-121.

Decision rationale: Utilization review has taken the request for the SurgiStim4 unit and apparently separated out each request. The sterile electrode pack, the 3 non-sterile electrode pack, 12 power pack batteries, and lead wire are all require the SurgiStim4 unit , and none of the items are medical treatment by themselves without the SurgStim4 unit. The SurgiStim4 unit is not in accordance with MTUS guidelines due to the integral NMES which MTUS specifically recommends against. The electrodes, that are required for use of a device that is not recommended by MTUS, cannot be considered to be to be used in accordance with MTUS guidelines.

12 power pack batteries: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS) Page(s): 114-121.

Decision rationale: The Physician Reviewer's decision rationale: The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines TENS, Interferential Current Stimulation (ICS), pgs 114-12.

16 adhesive remover towels: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); knee Chapter online for DME (Durable Medical Equipment).

Decision rationale: Adhesive towel removers are not medical treatment and are not discussed under MTUS or ACOEM guidelines. ODG discuss DME and the Adhesive removal towels do not meet the definition of DME. There is no rationale provided, other than they could be used to wipe the adhesive residue from the pads for the SurgiStim4 unit that is not in accordance with MTUS guidelines. The wipes do not appear to be recommended in accordance with ODG guidelines.

1 Lead Wire: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS), Page(s): 114-121.

Decision rationale: Utilization review has taken the request for the SurgiStim4 unit and apparently separated out each request. The sterile electrode pack, the 3 non-sterile electrode pack, 12 power pack batteries, and lead wire are all require the SurgiStim4 unit , and none of the items are medical treatment by themselves without the SurgStim4 unit. The SurgiStim4 unit is not in accordance with MTUS guidelines due to the integral NMES which MTUS specifically recommends against. The lead wire that is required for the operation of a device that is not recommended by MTUS, cannot be considered to be to be used in accordance with MTUS guidelines.

60 day Rental of CPM for shoulder,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter online for Continuous Passive Motion (CPM).

Decision rationale: Official Disability Guidelines specifically states for rotator cuff tears and CPM: "Not recommended after shoulder surgery or for nonsurgical treatment" The patient is reported to have a partial tear of the supraspinatus which is part of the rotator cuff. The request is not in accordance with ODG guidelines.