

Case Number:	CM13-0046656		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2010
Decision Date:	02/28/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/11/2013

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 62-year-old male who reported an injury on 12/23/2010. The mechanism of injury was stated to be the patient was unloading barrels from a pallet. The patient was noted to have a left shoulder arthroscopy, capsular release revision, subacromial decompression, lysis of adhesions, and manipulation under anesthesia. The patient's diagnoses were noted to include adhesive capsulitis. The request was made for continuous passive motion, Surgi Stim, and Cool Care ice unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgi Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NMES Interferential Current Stimulation Galvanic Stimulation Page(s): 121 118 118.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications. It is

characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect and is not recommended. The clinical documentation submitted for review indicated this was a continuation of treatment. There was a lack of documentation indicating the functional benefit of the requested treatment. It was noted per the physician documentation to be for 30 days. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for 1 Surgi Stim unit is not medically necessary.

1 Cool Care Ice Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG), Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. The patient's surgical procedure was noted to have taken place on 09/18/2013. There was a lack of documentation indicating the necessity for further treatment with 1 Cool Care ice unit and there was a lack of documentation of functional benefit. There was a lack of documentation per the submitted request for the duration of time being requested. Given the above, the request for 1 Cool Care ice unit is not medically necessary.

1 Continuous Passage Motion Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG), Shoulder Chapter, Continuous Passive Motion, CPM.

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion for rotator cuff problems; however, do recommend it for adhesive capsulitis for up to 4 weeks at 5 days per week, which equals 20 days. The patient, per the submitted note, had attained 130 degrees passive range of motion. The request was made for an additional 30 days to obtain 180 degrees. There was a lack of documentation indicating the duration the patient had used the continuous passive motion. Additionally, treatment is indicated for 20 days. Given the above and the lack of documentation of exceptional factors, the request for 1 continuous passage motion unit is not medically necessary.