

Case Number:	CM13-0048323		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2010
Decision Date:	05/19/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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 claimant is a 46-year-old gentleman who was injured in a work related accident on July 22, 2010. The current clinical records for review include a recent September 19, 2013 assessment indicating the claimant is to undergo a left shoulder arthroscopy, subacromial decompression, distal clavicle resection with labral debridement versus repair. Recommendations indicate the need for preoperative medical clearance, postoperative physical therapy, a cryotherapy device as well as need for a CPM device and purchase of a SurgiStim unit with supplies. As stated the claimant's left shoulder surgical process has been approved by carrier. At present there is request in specific regard to the interferential device being recommended as well as multiple supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL STIMULATOR (RENTAL PER MONTH) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: Based on California MTUS Guidelines, the role of an interferential device would not be indicated. Interferential devices are not recommended as isolated intervention

and at present are not currently recommended for the acute use in the postsurgical setting. The specific request for this individual's post surgical course of care for a shoulder arthroscopy would not be indicated or medically necessary at this time.

STERILE ELECTRODE (PACKS) QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 120.

Decision rationale: CA MTUS Guidelines also would not support the role of supplies associated with an interferential device in this instance as the need for the device as a whole has not been supported by Guideline criteria. The request for sterile electrode (packs) is not medically necessary.

NON-STERILE ELECTRODE PACKS QTY: 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Guidelines also would not support the role of supplies associated with an interferential device in this instance as the need for the device as a whole has not been supported by Guideline criteria. The request for non-sterile electrode packs is not medically necessary.

POWER PACKS QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Guidelines also would not support the role of supplies associated with an interferential device in this instance as the need for the device as a whole has not been supported by Guideline criteria. The request for power packs is not medically necessary.

ADHESIVE REMOVER TOWEL MINT QTY: 16.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: CA MTUS Guidelines also would not support the role of supplies associated with an interferential device in this instance as the need for the device as a whole has not been supported by Guideline criteria. The request for adhesive remover towel mint is not medically necessary.

TT & SS LEADWIRE QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118,120.

Decision rationale: CA MTUS Guidelines also would not support the role of supplies associated with an interferential device in this instance as the need for the device as a whole has not been supported by Guideline criteria. The request for TT & SS leadwire is not medically necessary.