

Case Number:	CM13-0050335		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2011
Decision Date:	05/15/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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 patient is a 40 year old male with industrial injury 3/3/11. An exam note 11/30/12 demonstrates continued pain and weakness in the left shoudler with overhead and reaching activities. Physical examination demonstrates tenderness to palpation over the acromioclavicular joint and horizontal cross adduction test positive. Hawkins's and Neer's tests demonstrated to be positive. The request for authorization is for left shoulder arthroscopy and rotator cuff repair. The request for is vascutherm intermittent hot and cold compression and TENS unit for 60 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE 60 DAY RENTAL OF A VASCUTHERM INTERMIT HOT AND COLD COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoudler, Continuous-flow Cryotherapy.

Decision rationale: The California MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. The ODG criteria for continuous flow cryotherapy is for up to 7 days postoperatively. As this exceeds the recommended guidelines, the determination is for non-certification

POST OPERATIVE 60 DAY RENTAL OF A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT WITH ELECTRODES FOR THE SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Post Operative Pain Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: According to the California MTUS/Chronic Pain Medical Treatment Guidelines, the use of TENS may be an option for one month as an adjunct to a program of evidence based functional restoration. It is recommended for pain syndromes including chronic regional pain syndrome and neuropathic pain. In this case there is insufficient evidence of a chronic pain syndrome and exceeds the 30 day recommendation to warrant a TENS unit. Therefore the determination is for non-certification.