

Case Number:	CM13-0055043		
Date Assigned:	03/31/2014	Date of Injury:	07/13/2012
Decision Date:	05/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 claimant is a 46-year-old who was injured on July 13, 2012. The medical records provided for review include a follow-up examination on August 29, 2013 noting ongoing complaints of neck and shoulder pain. The diagnosis was identified as shoulder impingement. The report of an MRI scan of the right shoulder dated July 20, 2013 showed moderate supraspinatus tendinosis representing a partial tear with a type II acromion and mild bursitis. Based on a course of failed conservative care, operative arthroscopy was recommended as further treatment. There is a formal request for shoulder arthroscopy, subacromial decompression, manipulation under anesthesia, capsular release and distal clavicle excision with postoperative request for use of modalities to include an E-stim unit for fourteen days, a large abduction pillow sling, a thirty-day use of a CPM (continuous passive motion) device and a fourteen day rental of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-STIM UNIT, 14 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation), Postoperative Pain Section Page(s): 116.

Decision rationale: Based on The Chronic Pain Medical Treatment Guidelines, an electrical stimulator unit in the postoperative setting would not be indicated. According to the Chronic Pain Guidelines, a TENS unit is effective treatment in the postoperative setting for mild to moderate thoracotomy pain. However, it has been shown to be of lesser effect or not effective at all for other surgical orthopedic procedures. Therefore, in light of the fact the claimant is to have a shoulder arthroscopy, the request for an electrical stimulator unit cannot be recommended as medically necessary. The request for E-stim unit, 14 day rental, is not medically necessary or appropriate.

PURCHASE OF A SLING WITH LARGE ABDUCTION PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Postoperative Abduction Pillow Sling Section

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the request for a sling with abductor pillow. The use of a sling with abductor pillow is reserved for postoperative immobilization after repairs of large or massive rotator cuff tears. This individual has a partial tear to the rotator cuff that more than likely would not require repair. The specific request for a large abduction pillow given the claimant's surgical process is not supported in the ODG. The request for the purchase of a sling with large abduction is not medically necessary or appropriate.

CONTINUOUS PASSIVE MOTION (CPM) UNIT, 30 DAY RENTAL: 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), Shoulder Procedure Chapter, Continuous Passive Motion (CPM) Section

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

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the CPM device. However, in looking at the Official Disability Guidelines, the use of a CPM device in the setting of shoulder surgery is not recommended. There is no recent studies that demonstrate the efficacy or benefit of use of the CPM versus first line therapeutic interventions alone. The specific request for CPM in this instance would not be supported. The request for a continuous passive motion (cpm) unit, 30 day rental, is not medically necessary or appropriate.

COLD THERAPY UNIT, 14 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Chapter, Continuous-Flow Cryotherapy Section

Decision rationale: The CA ACOEM Guidelines state the cyrotherapy is optional for all acute and subacute shoulder pain. While the Official Disability Guidelines support the use of cryotherapy units for up to seven days including home use following surgery, they do not support the use for fourteen days on a rental basis. The specific request for fourteen days would exceed ODG Guideline criteria. The request for a cold therapy unit, 14 day rental, is not medically necessary or appropriate.