

Case Number:	CM13-0064101		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2007
Decision Date:	05/13/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 32 year-old with a date of injury of 07/10/07. A progress report associated with the request for services, dated 11/07/13, identified subjective complaints of right shoulder pain. Objective findings included tenderness to palpation, decreased range-of-motion, and impingement signs. Diagnoses included right shoulder AC separation and impingement syndrome. Treatment has included medications. A subacromial decompression was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ULTRASLING: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative Abduction Pillow Sling

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address postoperative abduction pillows. They do note that brief use of a sling is recommended. The Official Disability Guidelines (ODG) state that they are recommended as an option following repair of large or massive rotator cuff tears and are not used for arthroscopic repairs. The non-

certification was based upon an UltraSling being an abduction pillow, which is not indicated for this type of repair. However, the UltraSling as advertised does not appear to be an abduction pillow sling. Therefore, in this case, there is documentation for the medical necessity of an UltraSling postoperatively.

A PAIN PUMP FOR 4 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Page(s): 52-54. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Postoperative Pain Pump

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address intra-articular postoperative pain pumps. They do note that implantable drug-delivery systems are recommended only as end-stage treatment. The Official Disability Guidelines (ODG) state that postoperative pumps are not recommended. Multiple randomized controlled trials have failed to support the efficacy of these pain pumps. In this case, the specific type and method of the pain pump is not specified. Further, they are not recommended. Therefore, there is no documented medical necessity for a postoperative pain pump.

COLD THERAPY UNIT FOR 14 DAYS: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid exercises are optional. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days, including home use. The Guidelines recommend continuous-flow cryotherapy postoperatively for up to 7 days. In this case, the request is for 14 days, which is beyond the recommended duration. Therefore, the record does not document the medical necessity for a cold therapy unit for 14 days

A MULTI-STIM UNIT FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post Operative Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation Page(s): 54 and 114-120. Decision based on Non-MTUS Citation ODG, Pain Chapter, TENS.

Decision rationale: A Multi Stim is a nerve stimulator specific for electro-needle nerve stimulation during peripheral anesthesia. A Multi-Stim (2) is an inferential current stimulator. Interferential Current Stimulation (IF) therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The California Medical Treatment Utilization Schedule (MTUS) recommends the modality for the following types of pain: Neuropathic pain; CRPS I and II; Phantom limb pain; Spasticity; and Multiple sclerosis. The Official Disability Guidelines (ODG) recommends TENS as an option for postoperative pain in the first 30 days. It appears to be most effective in thoracotomy pain. They do note that it is of lesser to no value for orthopedic surgical procedures. In this case, the unit is being requested for a type of procedure for which it has limited value. Therefore, there is no documented medical necessity for a Multi-Stim unit.