

Case Number:	CM13-0064298		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2010
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
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 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:

This claimant is a 53-year-old female who sustained multiple orthopedic injuries to the bilateral shoulders, right elbow, hand, right wrist, and right arm in a work-related accident on 07/12/10. She was documented to have continued discomfort to the left shoulder and had failed conservative measures. An 11/12/13 follow-up evaluation with [REDACTED] documented recommendation for a left shoulder arthroscopy, subacromial decompression, distal clavicle resection, rotator cuff debridement, and labral procedure as needed. Specific to this surgical recommendation were three documented durable medical equipment (DME) devices for postoperative use, a continuous passive motion (CPM) machine for 45 days, a 90-day rental of a Surgi-Stim unit, and a 30-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:

CPM device rental post-op left shoulder (quantity=days) 45.00: 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)

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

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. Based on Official Disability Guidelines, a 45 day rental of a continuous passive motion device would not be indicated. At present, the Official Disability Guidelines do not recommend the use of a continuous passive motion for the shoulder as randomized controlled trials fail to demonstrate any significant postoperative benefit. The specific request in this case is not supported by guidelines and would not be indicated.

Post op surgi stim rental to left shoulder (quantity=days) 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118, 120-121.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines would not support the role of a Surgi-Stim rental. The Chronic Pain Guidelines state that Surgi-Stim units are a combination of interferential and neuromuscular electrical stimulator device. Neuromuscular and electrical stimulation is only recommended as a primary rehabilitative modality following a stroke with no indication to support its use in the chronic or acute pain setting. There is no documentation to indicate that this claimant has a diagnosis of a stroke. The specific role of a Surgi-Stim unit would thus not be supported.

Cold therapy unit (rental=days, and the purchase) quantity 30.00: 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)

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, cryotherapy device for 30 days of use would not be supported. While the Official Disability Guidelines do recommend the use of cryotherapy but only for a seven-day period of time in the postoperative setting. The specific request for a 30-day period of use would exceed the ODG Guideline recommendation and would not be indicated.