

<b>Case Number:</b>	CM13-0070717		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/26/2007
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Medicine and Geriatrics, and is licensed to practice in New York. 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 injured worker is a 41-year-old man with a date of injury of October 26, 2007. He was seen by his physician on November 18, 2013. A MR arthrogram from November 13, 2013 showed a 4mmx 6mm distal anterior supraspinatus tendon tear and an osteophyte of the greater tuberosity at the rotator cuff tendinopathy consistent with mild arthrosis. He was said to be doing poorly with marked pain and weakness of his left shoulder. His physical exam showed marked weakness of the left shoulder to external rotation. The plan was to proceed with a diagnostic and operative arthroscopy of the left shoulder with rotator cuff repair. At issue in this repair are the requests for post operative durable medical equipment, cold therapy, pain pump, shoulder electrical stimulation unit and CPM machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT X 2 WEEKS RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** This injured worker has a rotator cuff tear and is referred for surgical correction with post-operative cold therapy for two weeks rental of durable medical equipment.

According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the application of cold and heat can be helpful in shoulder pathology and may certainly be indicated in the post-operative period. However, the records do not justify why a cold therapy unit must be rented as opposed to traditional application of ice and ice packs. The request for a cold therapy unit, two week rental, is not medically necessary or appropriate.

**PAIN PUMP X 2 WEEKS 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).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12.

**Decision rationale:** This injured worker has a rotator cuff tear and is referred for surgical correction with post-operative pain pump for two weeks rental of durable medical equipment. The medical records do not justify why a pain pump is medically necessary over traditional oral medications targeting post-operative pain. The request for a pain pump, two week rental, is not medically necessary or appropriate.

**ELECTRICAL STIM UNIT X 2 WEEKS RENTAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

**Decision rationale:** A TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, there is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The request for an electrical stim unit, two week rental, is not medically necessary or appropriate.

**CMP MACHINE X 2 WEEK RENTAL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES, NOT RECOMMENDED FOR SHULDER ROTATOR CUFF PROBLEMS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article "Is Early Passive Motion Exercise Necessary After Arthroscopic Rotator Cuff Repair?", AUKim YS, Chung SW, Kim JY, Ok JH, Park I, Oh JHSOAm J Sports Med. 2012 Apr;40(4):815-21. Epub 2012 Jan 27.

**Decision rationale:** Early passive motion exercise has been the standard rehabilitation protocol after rotator cuff repair for preventing postoperative stiffness. However, recent approaches show that longer immobilization may enhance tendon healing and quality. According to a 2012 study, early passive motion exercise after arthroscopic cuff repair did not guarantee early gain of ROM (Range of Motion) or pain relief but also did not negatively affect cuff healing. The authors concluded that early passive motion exercise is not mandatory after arthroscopic repair of small to medium-sized full-thickness rotator cuff tears, and postoperative rehabilitation can be modified to ensure patient compliance. The request for a CPM machine, two week rental, is not medically necessary or appropriate.