

Case Number:	CM14-0011030		
Date Assigned:	02/21/2014	Date of Injury:	12/31/2011
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 42-year-old female who has submitted a claim for right shoulder impingement syndrome associated with an industrial injury date of 12/31/2011. Medical records from 2012 to 2014 were reviewed. The patient complained of moderate to severe right shoulder pain radiating to the right hand, with concomitant numbness and tingling sensation. The pain was associated with popping, clicking, and grinding sensation. This resulted to difficulties in reaching and lifting objects. Alleviating factors included application of heat / ice modalities, and intake of medications. Physical examination of the right shoulder showed tenderness and restricted range of motion. Drop-arm test, supraspinatus test, Neer's test, and Hawkin's test were positive. Right shoulder muscles were graded 4/5. Reflexes and sensory exam were normal. Treatment to date has included physical therapy, chiropractic care, cortisone injections, and medications. Current treatment plan includes right shoulder arthroscopic surgery. Previous utilization review was not made available in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo care 4 stem- 30-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy is another modality that can be used in the treatment of pain. In this case, Combo Care 4 was requested, which is an electrotherapy unit that incorporates interferential current stimulation (ICS) , transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES) and syncopation therapies into one unit. Guidelines state that TENS and ICS may be considered if used as an adjunct to recommended treatments, while NMES is not supported for chronic pain. In this case, patient has a known right shoulder impingement syndrome. Current treatment plan includes right shoulder scope intra-articular surgery, subacromial decompression with possible rotator cuff tear repair. The documented rationale for Combo Care System is to control the source of pain and to bring function / restoration post-operatively. However, utilization review from 12/31/13 did not grant the surgical procedure because conservative management options were not exhausted. There is no clear indication for the requested device at this time. There is also no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a single modality. Therefore, the request for combo care 4 stem- 30-day trial is not medically necessary.

Hot/cold contrast system with compression on a 60-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, patient has a known right shoulder impingement syndrome. Current treatment plan includes right shoulder scope intra-articular surgery, subacromial decompression with possible rotator cuff tear repair. The documented rationale for Hot/Cold Contrast System is to reduce pain and edema post-operatively. However, utilization review from 12/31/13 did not grant the surgical procedure because conservative management options were not exhausted. There is no clear indication for the requested device at this time. Therefore, the request for hot/cold contrast system with compression on a 60-day trial is not medically necessary.