

<b>Case Number:</b>	CM14-0012589		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 10/24/07. Based on the 12/4/13 progress report provided by [REDACTED] the diagnoses are: 1. Internal derangement of the left knee. 2. Status post arthroscopy, left knee. 3. Internal derangement of the right knee. 4. Status post arthroscopy, right knee. 5. Lumbar sprain/strain. 6. Loss of normal lumbar lordosis. 7. Reduced range of motion, greater loss inflexion. 8. Internal diagnoses, deferred to appropriate specialist. 9. Psychiatric diagnoses, deferred to appropriate specialist [REDACTED]. 10. Bilateral shoulder rotator cuff impingement and tendonitis. 11. Bilateral elbow lateral epicondylitis. 12. MRI of right shoulder dated April 10, 2012 reveals insertional tear of the supraspinatus tendon with labral fraying and AC joint osteoarthritis. 13. MRI of left shoulder dated April 10, 2012 reveals insertional supraspinatus tear with fraying of the labrum and bursitis. 14. MRI study of the left elbow dated April 10, 2012 reveals common extensor tendinosis with partial extensor mass tear. 15. MRI of right elbow dated April 10, 2012 reveals moderate common extensor tendinosis with partial extensor mass tear. 16. EMG/NCV dated March 14, 2012 noted to be normal. 17. Status post right shoulder diagnostic and operative arthroscopy on November 30, 2012. 18. Status post right elbow open lateral epicondylar debridement with extensor mass repair on April 26, 2013. Exam on 12/4/13 showed "right elbow has well-healed lateral incision. The range of motion in elbow is full. Left shoulder range of motion 0-155 degrees with forward flexion and abduction, internal rotation is to the SI joint. There is tenderness to palpation to subacromial burial space and shoulder girdle musculature, positive Neer and Hawkins impingement signs." [REDACTED] is requesting left shoulder diagnostic and operative arthroscopy, Thermocool hot and cold contrast therapy with compression to the left shoulder, Combocare for electrotherapy left shoulder, CPM,

shoulder sling and abduction pillow, 12 postoperative physical therapy sessions. The utilization review determination being challenged is dated 1/3/14 and rejects arthroscopy due to no documentation of additional conservative treatment including cortisone injections, and shoulder sling/12 sessions of physical therapy due to no documentation of pending surgical procedure. [REDACTED] is the requesting provider, and he provided treatment reports from 7/24/13 to 1/8/14

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT SHOULDER DIAGNOSTIC AND OPERATIVE ARTHROSCOPY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked left shoulder diagnostic and operative arthroscopy, on 12/4/13 "as he continues to have pain, weakness, loss of motion, functional deficits, and difficulty sleeping at night, difficulty lifting heavy objects and performing activities of daily living. Has attempted extensive conservative management for left shoulder including ice, anti inflammatories, rest, activity modification, self-directed physical therapy exercise all without long term relief." ACOEM states: "Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full- thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months." In this case, patient has rotator cuff tear and has failed more than 3 months of conservative therapy. Requested left shoulder diagnostic and operative arthroscopy is consistent with ACOEM guidelines. Recommendation is for authorization.

#### **THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION TO THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed indexed for MEDLINE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Forearm, Wrist, and Hand and Shoulder.

**Decision rationale:** This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked Thermocool hot and cold contrast therapy with compression to

the left shoulder on 12/4/13 "for period of 60 days for pain control, reduction of inflammation, and increased circulation" per 12/18/13 report.' MTUS guidelines recommend cold packs for first 7 days of post-operative treatment. Regarding more complicated cold therapy units, no research proves any additional benefit over conventional ice bags or packs. In this case, the physician has asked for Thermocool hot and cold contrast therapy with compression to the left shoulder. ODG supports 7 day use, but the request is for 60 days, following shoulder surgery. Recommendation is for denial.

**COMBOCARE 4 ELECTROTHERAPY LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Chronic Pain; Neuromuscular electrical stimulation; Interferential Current Stimulation, pg. 121 and Interferential Current Stimulation, pgs. 118-120.

**Decision rationale:** This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked Combocare for electrotherapy left shoulder "for pain relief and to lessen risk of atrophy" per 12/18/13 report. Combocare is a combined TENS/ICS/NMES device. TENS is indicated for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis but only for a 1-month trial. Per MTUS guidelines, interferential units are recommended if medications do not work history of substance abuse or for post-operative pain control. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the physician has asked for Combocare for electrotherapy left shoulder but NMES is not supported by MTUS for any chronic pain condition. Recommendation is for denial.

**CPM:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter online, Continuous passive motion (CPM); Shoulder Chapter for Continuous passive motion (CPM); and Forearm, Wrist, and Hand Chapter for Continuous passive motion (CPM).

**Decision rationale:** This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked CPM ""to provide passive range of motion exercise in affected joint, for reduction of postoperative scar tissue and prevention of postoperative joint stiffness" per 12/18/13 report. ODG recommends CPM for adhesive causalities up for 4 weeks/5 days per week, but not for other shoulder problems, such as rotator cuff problems. In this case, the

physician has asked for CPM but it is not indicated for patient's rotator cuff impingement. Recommendation is for denial.

**SHOULDER SLING AND ABDUCTION PILLOW:** Overturned

**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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Durable Medical Equipment.

**Decision rationale:** This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked shoulder sling and abduction pillow "for post op immobilization of shoulder and prevention of internal rotation" per 12/18/13 report. Patient has held off on left shoulder surgery due to recent right elbow surgery per 12/4/13 report. For Shoulder Slings, ACOEM recommends as an option for Rotator Cuff tear: "Sling for acute pain" or for AC joint strain "Sling for comfort." Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." In this case, shoulder sling with abduction pillow is indicated for patient's future shoulder surgery per ODG guidelines for DME. Recommendation is for authorization.

**12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27,27.

**Decision rationale:** This patient presents with left shoulder and right elbow pain and is s/p right elbow open lateral epicondylar debridement with repair and partial tear of extensor mass on 4/26/13. The physician has asked 12 postoperative physical therapy sessions on 12/4/13 "as he continues to have pain, weakness, loss of motion, functional deficits and has benefited from physical therapy from past" per 12/18/13 report. Patient had physical therapy per 8/28/13 report, of unspecified duration and effect. 12/18/13 report mentions patient has performed "self-directed physical therapy" without long term relief. The current request is for the proposed shoulder surgery and MTUS allows up to 24 sessions of post-op therapy following rotator cuff repair and 12 sessions following impingement syndrome surgery. Recommendation is for authorization.

