

Case Number:	CM14-0015083		
Date Assigned:	07/02/2014	Date of Injury:	11/07/2007
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 is a 44-year-old male claimant who sustained a vocational injury performing physical fitness training on 11/07/07 while working as a police officer. Documentation provided for review indicates that the claimant underwent arthroscopic right shoulder decompression, distal clavicle resection, debridement of partial thickness undersurface supraspinatus and infraspinatus and partial thickness subscapularis tendon tear with retro-coracoid decompression on 07/16/09. The report of the office visit dated 12/16/13 documents that despite aggressive postoperative management the patient has ongoing right shoulder pain. On examination he had decreased right shoulder forward flexion; otherwise range of motion was noted to be within normal limits. He had a moderate amount of supraspinatus tenderness and mild greater tuberosity tenderness in the right shoulder compared to the left. There was mild acromioclavicular joint tenderness of the right shoulder with positive subacromial crepitus. Strength testing was 4 out of 5 and all shoulder planes of motion were noted to be painful. The claimant had positive acromioclavicular joint compression tests, impingement type II testing and impingement type III testing. It was documented that an magnetic resonance imaging (MRI) of the right shoulder dated 11/06/13 showed a partial thickness articular surface tear of the distal supraspinatus tendon with more than 50 percent partial thickness tearing of 1.7 centimeters of the surface area. There was retraction of the partial thickness tearing and changes consistent with degeneration of the involved rotator cuff tendon. The claimant's current working diagnosis is an MRI scan-confirmed right rotator cuff extensive partial thickness tearing status post previous right shoulder decompression and distal clavicle resection. The current request is for a home CPM for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CPM DEVICE (45 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Shoulder chapter .

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines do not address this request. The Official Disability Guidelines do not support the use of a continuous passive motion machine for shoulder pathology even in the postoperative setting. In addition, there continues to be a lack of documentation that the claimant has failed traditional first-line conservative treatment options such as a home exercise program, activity modification, antiinflammatories, injection therapy or formal physical therapy prior to consideration of a continuous passive motion machine. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for a continuous passive motion machine for 45 days cannot be considered medically necessary.

**SURGI-STIM UNIT FOR AN INITIAL 90 DAYS WITH POSSIBLE PURCHASE:
Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 120-127.

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

Decision rationale: Based on the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the request for the surgi-stim unit for 90 days is not recommended as medically necessary. The Chronic Pain Guidelines note that transcutaneous electrotherapy should not be recommended as a primary treatment modality but should be considered on one-month home based trial unit. Documentation also suggest that if being considered in the postoperative pain setting, it should be utilized within the first 30 days and currently there is no documentation to suggest when recent surgical intervention has been performed or will be performed. Prior to considering transcutaneous electrotherapy documentation should support that the claimant has failed traditional first-line postoperative pain options such as narcotics, antiinflammatories, a home exercise program, mobilization, formal physical therapy and injection therapy. In addition, transcutaneous electrotherapy should be considered, as previously mentioned, for a 30 day trial period and the current request for a 90 day purchase far exceeds the recommended guidelines. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the surgi-stim for initial 90 days with possible purchase cannot be considered medically necessary.

