

<b>Case Number:</b>	CM14-0138844		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED], incorporated employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier shoulder surgery, and earlier cervical spine surgery. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for continuous passive motion two-week rental, a pro-tech multi stimulator device, and a Q-tech recovery system. The claims administrator interpolated the Q-tech recovery system as a postoperative pain pump. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 12, 2014, the applicant was placed off of work, on total temporary disability. The note was difficult to follow. It was stated that the applicant had retired. Tylenol #4 was endorsed for pain-relief purposes. Persistent complaints of throbbing, neck and shoulder pain were appreciated. Norco and Naprosyn were also apparently refilled. In a July 8, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. Authorization was sought for left shoulder arthroscopy, rotator cuff repair surgery, and shoulder subacromial decompression surgery along with preoperative clearance, postoperative physical therapy, and postoperative durable medical equipment to include home exercise kits, a pro-tech multimodality transcutaneous electrical therapy device which included modalities such as conventional TENS therapy, EMS-NMES, and M-Stim. A CPM motion was also endorsed for postoperative use purposes. Multiple medications include Tylenol #4, Norco, Naprosyn, and Zanaflex were renewed while the applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous passive motion (CPM) machine for 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The MTUS does not address the topic. While the Third-Edition Guidelines Shoulder Chapter does acknowledge that continuous passive motion is recommended in conjunction with a home exercise program in the treatment of adhesive capsulitis, in this case, however, the applicant's stated diagnoses involving the shoulder are those of partial thickness rotator cuff tear, rotator cuff tendonitis, and acromioclavicular joint osteoarthritis. These are not indications for continuous passive motion (CPM), per ACOEM. Therefore, the request is not medically necessary.

**Pro-Tech multi-stim:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, Postoperative Pain Topic; Neuromuscular Electri.

**Decision rationale:** While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that TENS units are recommended as a treatment option for acute postoperative pain in a first 30 days post-surgery, in this case, however, the attending provider is seemingly requesting a multimodality transcutaneous electrical therapy device. The attending provider's description of the multimodality transcutaneous electrical therapy device acknowledges that the device in question contained neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended outside of the poststroke rehabilitative context. NMES is not recommended either in the chronic pain and/or postoperative pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one modality of the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

**Q- Tech Recovery System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, and on Other Treatment Guidelines Postoperative Pain Pump Topic - Evaluation of continuous

infusion of 0.5% bupivacaine, ([www.sciencedirect.com/science/article/pii/.../pdf](http://www.sciencedirect.com/science/article/pii/.../pdf)), Vistnes Plastic Surgery among the first in Palo Alto to offer, [www.vistnes.com/news/breakthrough-post-operative-pain-relief-system/](http://www.vistnes.com/news/breakthrough-post-operative-pain-relief-system/), Local anesthetic wound infusion for acute postoperative pain, ([bj.oxfordjournals.org/.../656.full.p](http://bj.oxfordjournals.org/.../656.full.p))

**Decision rationale:** Per the product description, the Q-tech device represents a postoperative analgesia pump/balloon. The MTUS does not address the topic of postoperative pain relief systems; however, ODG's Shoulder Chapter Postoperative Pain Pumps topic notes that postoperative pain pumps are "not recommended" following planned shoulder surgery. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ODG position on the article at issue. Therefore, the request is not medically necessary.