

Case Number:	CM14-0150092		
Date Assigned:	09/18/2014	Date of Injury:	09/21/2011
Decision Date:	12/02/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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:

This is a 58-year-old female with a 9/21/11 date of injury, when she sustained injuries to the right shoulder due to cumulative trauma. The patient was seen on 8/18/14 with complaints of 5/10 right shoulder pain. Exam findings revealed 10-30 degrees decrease in the range of motion in the right shoulder, tenderness to palpation in the right and left supraspinatus and biceps tendons and positive right subacromial crepitus. The muscle strength was 5/5 in bilateral upper extremities with painful shoulder movement on the right and the reflexes were 2+ in bilateral upper extremities. The AC joint compression test, impingement tests I, II and III were positive on the right. The patient was qualified as an excellent candidate for right shoulder arthroscopy. The diagnosis is right shoulder impingement syndrome, neck sprain/strain, cervical spondylosis without myelopathy, thoracic and lumbosacral neuritis and carpal tunnel syndrome. Treatment to date: 6 acupuncture sessions, 12 PT sessions, work restrictions medications, cortisone injection. An adverse determination was received on 9/5/14 for lack of evidence of adhesive capsulitis and lack of history of unresponsiveness to pain medication or history of medication abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home continuous passive motion (CPM) device: 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) Treatment

in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines,,
Shoulder (Acute and Chronic), Continuous Passive Motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Guideline or Medical Evidence:

Decision rationale: ODG does not consistently support the use of CPM in the postoperative management of rotator cuff tears; but CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. However, the patient was diagnosed with impingement syndrome and will undergo right shoulder arthroscopy and subacromial decompression with distal clavicle excision. There is a lack of documentation indicating that the patient suffered from adhesive capsulitis and the guidelines do not support the use of CPM in the postoperative management of rotator cuff impingement syndrome. Therefore, the request for Home continuous passive motion (CPM) device was not medically necessary.

Surgi stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation [http://vqorthocare.com products Electrotherapy, SurgiStim3.php](http://vqorthocare.com/products/Electrotherapy_SurgiStim3.php)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy TENS unit Page(s): 114-118.

Decision rationale: The Surgi Stim unit incorporates interferential, NMS/EMS, and galvanic therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. Therefore, the request for Surgi Stim unit was not medically necessary.