

Case Number:	CM14-0153588		
Date Assigned:	09/23/2014	Date of Injury:	01/11/2014
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 patient is a 48-year-old male who has submitted a claim for rotator cuff disease associated with an industrial injury date of January 11, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of left shoulder pain. Relevant objective findings included decreased left shoulder ROM in all planes, severe left AC joint and supraspinatus tenderness, decreased muscle strength 4/5 in all planes of the left upper extremity affected by pain, and positive impingement tests on the right. An MRI performed on 4/16/14 included findings of left shoulder impingement syndrome with partial-thickness supraspinatus tendon tear, superior labral tear, and acromioclavicular degenerative joint disease. Treatment to date has included cortisone injections, physiotherapy sessions and various anti-inflammatory and analgesic medications. Patient is for left shoulder arthroscopic evaluation and decompression. Utilization review from September 11, 2014 denied the request for Home continuous passive motion for 45 days and Surgi-stim unit for 90 days. The request for home continuous passive motion was denied because its use is not recommended following shoulder surgery according to the guidelines. The request for Surgi-stim was denied because guidelines do not support the use of interferential, NMES, or galvanic current for the purpose of post-operative swelling, edema, pain and muscle reeducation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home continuous passive motion for 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) Shoulder Chapter, Continuous passive motion (CPM)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. In this case, the patient has rotator cuff disease and not adhesive capsulitis. Therefore, the request for home continuous passive motion for 45 days is not medically necessary.

Surgi-stim unit for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES) Page(s): 1.

Decision rationale: Evidence based guidelines were searched related to the request for a Surgi-stim unit. However, little data can be found. Guidelines for the components of these types of units were consulted. CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. In this case, the physician has indicated that the surgi-stim device is for post-operative swelling, edema, pain and muscle re-education. The components of this surgi-stim device are not recommended for that purpose based from the absence of guidelines supporting it. Therefore, the request for Surgi-stim unit for 90 days is not medically necessary.