

<b>Case Number:</b>	CM14-0154413		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 General 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 61 year old female injured her right shoulder and other accepted body parts in a slip and fall. Conservative management failed and the patient as approved for right shoulder arthroscopic surgery. Also requested and approved were post op physical therapy, a cold therapy unit, and preop medical clearance. Denied and on appeal was a continuous passive motion machine purchase as well as purchase of a Surgi-Stim Unit.

### 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 purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), CPM

**Decision rationale:** Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week". Per the medical evidence-

based Guidelines, the use of a continuous passive motion machine post op shoulder impingement surgery is not supported as necessary.

**Surgi-stim unit purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder procedure summary; Pain procedure summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, (Acute and Chronic) (updated 12/15/10); NMES (Neuromuscular Electrical Stimulation)

**Decision rationale:** Neuromuscular Electrical Stimulation (NMES) has been shown to be an effective adjunct in the enhancement of muscle recruitment. This study concluded that "NMES may be used concomitantly with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery." Per medical evidence-based Guidelines, the use of electrical stimulation immediately post rotator cuff repair is appropriate in conjunction with the post op physical therapy program.