

Case Number:	CM14-0154479		
Date Assigned:	09/24/2014	Date of Injury:	05/24/2013
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	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 36 year old female sustained cumulative injury to the upper extremities reported as a date of injury of 5/24/13. This was due to lifting patients and keyboarding. A left shoulder subacromial decompression and biceps tenodesis was done 2/12/14. 5 months later she complained of constant left shoulder pain with nighttime pain, weakness, stiffness, instability, and marked limitation of motion and activity. Multiple provocative tests were positive. The diagnosis was adhesive capsulitis, bicipital tenosynovitis, and impingement syndrome. The treatment plan included a request for manipulation under anesthesia, 21-day rental of a continuous passive motion machine, and physical therapy x 10 sessions. These requests were approved. An additional request was for 5 Hackomed treatments. This was denied and is the subject of this appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Hackomed treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), shoulder, (Acute and Chronic)

Decision rationale: "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." The shoulder repair surgery had been several months after the muscle repair surgery. However, the patient has not had the opportunity to properly recover after developing adhesive capsulitis. Therefore, the request for the use of NMES, along with the physical therapy program as a functional restoration program is justified and may be helpful in reducing recovery time. The request is medically necessary.