

<b>Case Number:</b>	CM14-0160397		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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:

The patient is a 32-year-old male who has submitted a claim for grade 2 acromioclavicular separation, subacromial impingement, and posttraumatic left shoulder acromioclavicular joint with degenerative joint disease associated with an industrial injury date of 5/15/2013. Medical records from 2014 were reviewed. Patient complained of persistent left shoulder pain despite conservative measures; hence, the patient was authorized to undergo left shoulder arthroscopic evaluation, arthroscopic subacromial decompression, distal clavicle resection, and debridement in an outpatient setting. Pain was rated 10/10 in severity. Physical examination of the left shoulder showed limited motion, severe tenderness, and subacromial crepitus. Subluxation and laxity were not noted. Strength of left upper extremity muscles was rated 4/5. Reflexes and sensory examination were intact. Acromioclavicular joint compression test on the left, as well as impingement test was positive. Magnetic resonance imaging (MRI) scan of the left shoulder from 12/20/2013 revealed subacromial impingement syndrome, acromioclavicular and glenohumeral degenerative joint disease, and grade 2 acromioclavicular separation. Treatment to date has included cortisone injections, physical therapy, and medications. The request for a continuous passive motion device is to reduce the risk for adhesions and soft tissue contractures. On the other hand, the request for Surgi-Stim unit is to allow for earlier return to activities of daily living, and to facilitate a fuller participation in post-operative rehabilitation. The utilization review from 8/29/2014 denied the request for home CPM device because there was no evidence that it would make any significant difference in outcomes regarding function and pain; and denied Surgi-Stim unit because it was not approved in the medical literature to be an effective treatment post-operatively in orthopedic procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home CPM Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**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:** California Medical Treatment Utilization Schedule (MTUS) does not specifically address continuous passive motion (CPM). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. In this case, the patient has a known grade 2 acromioclavicular separation, subacromial impingement, and posttraumatic left shoulder acromioclavicular joint with degenerative joint disease. He was authorized to undergo left shoulder arthroscopic evaluation, arthroscopic subacromial decompression, distal clavicle resection, and debridement in an outpatient setting due to failure of conservative measures. The request for a continuous passive motion device is to reduce the risk for adhesions and soft tissue contractures. However, guidelines do not recommend CPM for his shoulder condition. There is no discussion concerning need for variance from the guidelines. Moreover, the medical records did not provide evidence of adhesive capsulitis, which may necessitate CPM use. Therefore, the request for Home CPM Device is not medically necessary.

**Surgi-stim unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES) devices Pa.

**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. California Medical Treatment Utilization Schedule (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, patient is authorized to undergo left shoulder arthroscopic evaluation, arthroscopic subacromial decompression, distal clavicle

resection, and debridement in an outpatient setting due to failure of conservative measures. The physician has indicated that the surgi-stim device is to allow for earlier return to activities of daily living, and to facilitate a fuller participation in post-operative rehabilitation. However, the components of this surgi-stim device are not recommended for that purpose based from the absence of guidelines supporting it. It is unclear why multiple treatment modalities are necessary in this case. Therefore, the request for Surgi-stim unit is not medically necessary.