

<b>Case Number:</b>	CM14-0164111		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Minnesota. 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 injured worker has severe osteoarthritis of the left glenohumeral joint and modest acromioclavicular arthritis as well. He felt a pop in his shoulder when carrying a vacuum that hit a door straining his shoulder. He had limitation of shoulder motion with abduction being 70 degrees. Imaging studies revealed osteoarthritis and loose bodies. He failed conservative treatment and underwent arthroscopy with debridement of the rotator cuff and labrum, lateral clavicle resection and acromioplasty. There was no tearing of the rotator cuff found. The disputed issues pertain to post-operative use of continuous passive motion and interferential electrical stimulation for better pain control. Other items include synthetic sheepskin for the CPM, batteries and charger for the IF device, electrodes, and lead wires. The CPM device continuously moves the shoulder through a predetermined range of motion and also helps with the pain. The IF device (Interferential Current Stimulation) is for deep pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro IF unit QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The CA MTUS guidelines on pages 118-120 indicate ICS is not recommended as an isolated intervention for lack of evidence except in conjunction with other treatments which are effective by themselves. There is no strong evidence of its efficacy. However, it may be used if pain is ineffectively controlled due to diminished use of medications or due to side effects of medications, history of substance abuse or if pain limits the ability to perform exercise or if there is lack of response to conservative measures. The documentation does not indicate the presence of these possible indications. Therefore the request as stated is not medically necessary.

**Retro electrodes QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Because the IF device is not medically necessary, the electrodes are also not necessary.

**Retro Lead wires QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS), Page(s): 118-120.

**Decision rationale:** Because the IF device is not medically necessary, the lead wires are not necessary.

**Retro Battery charger QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS), Page(s): 118-120.

**Decision rationale:** Because the IF device is not medically necessary, the battery charger is also not necessary.

**Retro rechargeable batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS), Page(s): 118-120.

**Decision rationale:** Because the IF device is not medically necessary, the rechargeable batteries are also not necessary.

**Retro CPM rental (days) QTY: 21: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous Passive Motion.

**Decision rationale:** The CA MTUS does not address shoulder continuous passive motion. The ODG does recommend continuous passive motion as an option for adhesive capsulitis up to 4 weeks using 5 days a week. The CPM provides better response to pain reduction than conventional physical therapy. The worker has evidence of severe osteoarthritis of the shoulder joint and is in need of a continuous passive motion device to prevent loss of motion from fibrotic changes in the capsuloligamentous structures after the surgical debridement. Adhesive capsulitis is common after such a procedure on an arthritic shoulder and the CPM device is medically necessary. The reason given is that continuous passive motion elongates the collagen fibers and also prevents adhesion formation as a result of organization of the post-operative hemarthrosis. Therefore based upon guidelines, the 3 week rental of the CPM machine was appropriate and medically necessary.

**Retro synthetic sheepskin pad QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous passive motion.

**Decision rationale:** Because the continuous passive motion machine rental is medically necessary, the synthetic sheepskin pad is also medically necessary.