

Case Number:	CM14-0166314		
Date Assigned:	10/13/2014	Date of Injury:	01/14/2008
Decision Date:	11/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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:

61-year-old male claimant with an industrial injury dated 01/14/08. The patient is status post a right shoulder decompression, distal clavicle resection dated 04/28/10. MRI of the left shoulder dated 11/17/10 demonstrates a subacromial impingement, acromioclavicular degenerative joint disease and tendinosis of the rotator cuff. MRI of the left shoulder dated 04/17/14 states there is evidence of a subacromial impingement syndrome, acromioclavicular degenerative joint disease, and tenosynovitis of the long head of the biceps tendon. Exam note 06/20/14 states the patient continues to have left shoulder pain, tenderness, stiffness, and weakness. Upon physical exam the patient demonstrated a decreased range of motion. There was evidence of mild tenderness on the right and mild to severe on the left. There was no swelling or muscle spasms on either arm. The patient demonstrated 2+ reflexes on both the right and the left. There was tenderness over the cervical spine upon examination along with not being capable of completing a full range of motion. The patient had a negative Speed and O'Brien's test. Diagnosis is noted as left shoulder impingement syndrome, acromioclavicular joint degenerative joint disease in which was confirmed by the MRI scan. Treatment plan includes a left shoulder arthroscopic decompression, distal clavicle resection, and labral and cuff debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Surgi-Stim 90 days and purchase of unit if beneficial following the 90 days:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence in the exam note of 6/20/14 of chronic neuropathic pain to warrant a TENS unit. Therefore the determination is for non-certification.

Continuous Passive Motion (CPM) device Post-Operative: 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, CPM

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence in the records of 6/20/14 of adhesive capsulitis, the determination is for non-certification.