

Case Number:	CM14-0170741		
Date Assigned:	10/23/2014	Date of Injury:	01/28/2014
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 53-year-old male with a 1/28/14 injury date. In a 9/8/14 follow-up, subjective complaints included continued dull right shoulder pain, but there was improvement with therapy. There was reported increased mobility and function since the previous examination. Objective findings included right shoulder hypertonicity, trigger points, increased motion, and areas of weakness. Diagnostic impression: rotator cuff tear. Treatment to date: right rotator cuff repair (3/27/14), medications, physical therapy, home exercise program. A UR decision on 10/7/14 denied the request for interferential unit on the basis that it is not recommended as an isolated intervention, and the patient had actually improved with therapy. The request for resistance chair exercise and rehabilitation system was denied because there was no evidence that the patient was unable to perform a home exercise program without the use of specialized equipment. The request for exercise kit, right shoulder was denied because the request was not specific and the additional information requested was not received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

Decision rationale: CA MTUS states that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. However, there is no evidence that treatment with medications and physical therapy have not been effective for this patient. Therefore, the request for Associated Surgical Service: Interferential Unit is not medically necessary.

Associated Surgical Service: Resistance Chair Exercise and Rehabilitation System: 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 Other Medical Treatment Guideline or Medical Evidence: VQ ActionCare

Decision rationale: CA MTUS and ODG do not address this issue. A PubMed search for the Freedom Flex Shoulder Stretcher did not reveal any references. An internet search revealed that VQ ActionCare is the maker of the above shoulder exercise system. It is recommended in the treatment of frozen shoulder syndrome. However, there are no available guidelines or evidence-based literature that supports the use of this device. There is no documented evidence that the patient is not capable of improving with other physical therapy or home exercise modalities, and requires the use of this specialized piece of equipment. Therefore, the request for Associated Surgical Service: Resistance Chair Exercise and Rehabilitation System is not medically necessary.

Associated Surgical Service: Exercise Kit, Right Shoulder: Overturned

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-exercise equipment

Decision rationale: CA MTUS does not address this issue. ODG states that exercise equipment is recommended for the shoulder, especially where a rotator cuff disorder is present and the patient can perform a home exercise program. In this case, the patient appears to meet both criteria. Therefore, the request for Associated Surgical Service: Exercise Kit, Right Shoulder is medically necessary.