

Case Number:	CM14-0022429		
Date Assigned:	05/09/2014	Date of Injury:	07/12/2012
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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:

51 year old claimant with reported industrial injury 7/12/12. MRI right shoulder 8/29/12 demonstrates supraspinatus tendon rupture, partial infraspinatus tendon tear and subscapularis atrophy with Type III acromioclavicular joint spur. Claimant is status post surgery on 2/1/13. MRI 10/17/13 demonstrates large recurrent tear of the supraspinatus with retraction and atrophy. Request for reverse total shoulder replacement with distal clavicle excision is approved on 2/7/14 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Modalities.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (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, particularly for chronic neuropathic pain. In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. The claimant has a large recurrent rotator cuff tear but no evidence of neuropathic pain. Therefore the determination is not medically necessary and appropriate.

VASCUTHERM X 2 WEEKS RENTAL: 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, Continuous flow cryotherapy.

Decision rationale: According to Official Disability Guidelines (ODG) Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request is for 14 days which exceeds the 7 day criteria. Therefore the determination is not medically necessary and appropriate.