

<b>Case Number:</b>	CM14-0058133		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 58 year old patient had a date of injury on 9/20/2011. The mechanism of injury was not noted. In a progress noted dated 3/3/2014, subjective findings included 6/10 pain in right knee and right shoulder. On a physical exam dated 3/3/2014, objective findings included severe supraspinatus tenderness, severe AC joint tenderness. Normal motor and sensory neurological findings. The doctor feels that this patient is an excellent candidate for surgery. Diagnostic impression shows status post continuous trauma right shoulder/right knee. Treatment to date includes medication therapy, and behavioral modification. A UR decision dated 4/8/2014 denied the request for home continuous passive motion device for right shoulder for 14 days, and home continuous passive motion device for right knee for 45 days stating criteria for medical necessity is not met for knee CPM and use of CPM for shoulder rotator cuff tears is not recommended. Surgi-stim unit for an initial period of 90 days was denied, stating surgi-stim TENS unit is recommended for period of 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Continuous Passive Motion (CPM) Device For The Right Shoulder For 14 Days:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Passive Motion (CPM).

**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

**Decision rationale:** MTUS does not address this issue. ODG does not consistently support the use of CPM in the postoperative management of rotator cuff tears; but CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. In a 3/3/2014 progress note the patient is recommended to have CPM to restore range of motion following surgery. However, ODG does not recommended CPM for rotator cuff tears following shoulder surgery. Therefore, the request for CPM Device for right shoulder for 14 days it not medically necessary.

**Surgi-stim Unit For An Initial Period Of 90 Days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) and Interferen. Decision based on Non-MTUS Citation <http://healthcare.zibb.com/trademark/surgi+stim/30559999>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** CA MTUS states that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. TENS units were shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. In a progress report dated 3/3/2014, the patient is asked for a 90 day postoperataive trial for Surgi-Stim. No rationale was provided regarding why it was necessary to surpass the recommended guidelines of 30 days maximum. Therefore, the request for Surgi-Stim unit for an initial trial of 90 days is not medically necessary.

**Home Continuous Passive Motion (CPM) Device, Right Knee For 45 Days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee And Leg (updated 03/31/14), Continuous Passive Motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter

**Decision rationale:** CA MTUS does not address this issue. ODG's criteria for the use of continuous passive motion devices for up to 21 days include total knee arthroplasty; anterior cruciate ligament reconstruction; open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. In a progress note dated 3/3/2014, the patient is recommended CPM following surgery to right knee for 45 days. Guidelines only support up to 21 days, and no rationale was provided regarding the medical necessity of surpassing the daily

limits of treatment. Therefore, the request for CPM device for right knee for 45 days is not medically necessary.