

Case Number:	CM14-0068165		
Date Assigned:	07/14/2014	Date of Injury:	11/04/2011
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 61-year-old male who sustained a work related injury on 11/04/2011 as a result of activities that lead to the development of left shoulder strain. Since then, the injured worker underwent an initial arthroscopic repair of the left shoulder in April of 2012. However, he continued to have complaint of pain. On progress reports, he complains of persistent left shoulder pain and discomfort. His pain is worsened with lifting, pushing, pulling and reaching. On the physical exam he has limited range of motion with weakness in all planes and tenderness to palpation. The injured worker was scheduled for arthroscopic left shoulder revision decompression with acromioplasty, rotator cuff debridement versus repair, resection of coracoacromial ligament / bursa / distal clavicle resection surgery on 6/18/2014. In dispute is a decision for a Surgi-Stim Unit for Rental for 90 days and for a CPM Device for Rental for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim Unit for Rental for 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: TENS (transcutaneous electrical nerve stimulation) is recommended post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. For other shoulder conditions, TENS units are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral. Unfortunately, the evidence does not support the use of a TENS unit for other than acute shoulder symptoms as part of the initial conservative management. Therefore, this request is not medically necessary.

CPM Device for Rental for 45 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: Continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Rotator cuff tears are not recommended after shoulder surgery or for nonsurgical treatment. An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative treatments for rotator cuff tears is limited and inconclusive. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. Therefore, this request is not medically necessary.