

Case Number:	CM14-0079806		
Date Assigned:	07/18/2014	Date of Injury:	12/06/2012
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 53 year old female who was injured on 12/5/2012. The diagnoses are lumbar sprain, neuralgia and shoulder pain. The patient completed 12 physical therapy (PT), 6 acupuncture and 4 cortisone injection treatments. The MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy and contact with the nerve roots. There was partial thickness supraspinatus tear of the shoulder. On 4/11/2014, there was objective findings of tenderness and positive compression test of the acromioclavicular joint (AC) joint. There was positive impingement tenderness. The medications are Motrin for pain and Fexmid for muscle spasm. A Utilization Review determination was rendered on 5/7/2014 recommending non certification for Home Continuous Motion (CPM) device for forty five days, modified certification for Surgi-Stim unit rental then purchase for 90 days to 30 days, and Coolcare cold therapy unit to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home continuous motion (CPM) device forty-five days: 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 9792.4.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the benefits of physical treatment measures during the post-operative period. The record indicates that the patient completed 12 post-operative PT sessions following surgery. The requirement for durable medical equipment is to provide therapeutic benefits that would enable the patient to perform tasks they would not otherwise be able to accomplish without the equipment. The criteria for the use of Home Continuous Motion (CPM) device for 45 days was not met.

Surgi-Stim unit for 90 days rental, then purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of surgical stimulation devices during the post-operative period. It is recommended that neuromuscular stimulation devices can be used during post stroke and post-surgical rehabilitation periods. The records indicate that the patient had completed 12 post-surgical PT sessions. The patient had modified approval for 30 days of treatment which will cover the post-surgical period. The criteria for Surgi-Stim unit for 90 days were not met.

Coolcare cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS did not address the use of cold therapy in the treatment of musculoskeletal pain. The ODG recommends that cold therapy can be beneficial during the post-operative period. Cold therapy can reduce swelling, edema and inflammation leading to reduction in pain. The records indicate that the patient had modified certification for 7 days of Coolcare Cold therapy unit use. The criteria for the use of Coolcare Cold therapy unit longer than 7 days were not met.