

Case Number:	CM14-0085745		
Date Assigned:	09/08/2014	Date of Injury:	05/23/2013
Decision Date:	10/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice and is licensed to practice in Texas and Missouri. 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 60-year-old male, who reported injury on 05/23/2013, who sustained continuous trauma injury to his neck and shoulders. He sustained injuries while jack hammering, and has severe right shoulder pain, which has not let up since then. The injured worker's treatment history included MRI studies, medication, physical therapy sessions, and arthroscopic right shoulder decompression, distal clavicle resection, coracoplasty and debridement, and rotator cuff repair. The injured worker was evaluated on 05/05/2014, and it was documented that the injured worker complained of sharp pain that was rated at 9/10. The range of motion was forward flexion on the right 135 degrees, on the left 160 degrees; extension on the right 40 degrees, on the left 50 degrees; abduction on the right 125 degrees, on the left 160 degrees; adduction on the right 40 degrees, on the left 50 degrees; external rotation on the right 80 degrees, on the left 90 degrees; and, internal rotation on the right 45 degrees, on the left 60 degrees. The injured worker had supraspinatus tenderness on the right that was severe. There was AC joint tenderness, a positive subacromial crepitus on the left and right. The AC joint compression test was positive on the right. Impingement to passive forward elevation and slight internal rotation was positive on the right, and impingement to passive internal rotation with 90 degrees of flexion was positive on the right. The injured worker had undergone MRI scan on 10/07/2013, which revealed supraspinatus and subscapularis tendinosis, chronic subacromial retro coracoid impingement, and acromioclavicular degenerative joint disease. On 07/16/2014, the injured worker had undergone an arthroscopic right shoulder subacromial decompression, arthroscopic right shoulder distal clavicle resection (Mumford procedure), extensive debridement of partial thickness undersurface supraspinatus and infraspinatus tendon tear, and extensive debridement superior labrum degenerative type 1 SLAP tear. On 08/05/2014, the injured worker had started postop physical therapy, the total number of visits of 12. The injured worker had

improvement since surgery with current treatment. He had improved pain and less guarding on the right glenohumeral, continued with pain at any ranges of the right shoulder. The pain was rated at 6/10. Initial passive for the right shoulder: Flexion was 90 degrees; abduction was 90 degrees; external rotation was 30 degrees; internal rotation was restricted. Current active assist flexion was 0 to 165 degrees; abduction was 0 to 160 degrees; external rotation was 0 to 40 degrees; internal rotation was 0 to 20 degrees. It is documented that the injured worker continued to have significant pain and guarding of the right shoulder that was slowly improving. Diagnoses included impingement of the right shoulder and tendinitis of the right shoulder. A Request for Authorization, dated 05/05/2014, was for Continuous Passive Motion, Surgery-Stim Unit, and Cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (Continuous Passive Motion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous passive motion

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11& 27.

Decision rationale: The request for CPM (Continuous Passive Motion) is not medically necessary. Post-Surgical Treatment Guidelines state that "Postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision of this section. For all surgeries not covered by these guidelines the postsurgical physical medicine period is six (6) months. Treatment for Rotator cuff syndrome/Impingement syndrome is 24 visits over 14 weeks no more than 6 months of post-surgical medicine treatment. The documentation submitted had surgery on 07/16/2014 and has already had 12 visits post-surgical treatment for the right shoulder. However, the request failed to include duration, frequency, and location where treatment is required for the injured worker. The request is not medically necessary.

Surgi-Stim Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neuromuscular Electrical Stimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state NMES is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. As the guidelines do not recommend Surgi-Stim Unit the request is not medically necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy.

Decision rationale: The requested is not medically necessary. The Official Disability Guidelines (ODG) does not recommend cold therapy for the shoulders. The guidelines states that deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Additionally, the request failed to indicate # of days of rental for the cold therapy unit and date of services and location where cold therapy unit for the injured worker. As such, the request for is not medically necessary.