

Case Number:	CM14-0097199		
Date Assigned:	07/28/2014	Date of Injury:	12/13/2012
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pennsylvania. 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 is a 56-year-old female who was injured on 12/13/12. The records provided for review include a Utilization Review of 06/22/14 that certified the need for left shoulder subacromial decompression, distal clavicle resection and rotator cuff assessment. The claimant was also certified for twelve postoperative sessions of physical therapy. There are current perioperative requests to include preoperative medical clearance, a 90 day use of a Surgi Stim unit, purchase of a cryotherapy device and a 45 day use of a continuous passive motion (CPM) device following the above-mentioned surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standard Pre-Operative Medical Clearance: 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), Low Back Chapter - Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines do not recommend preoperative medical clearance for this claimant. The documentation provided for review does not identify any past medical history or significant co-morbid factors that would require preoperative clearance for the upcoming shoulder arthroscopy. Specific requests in this case would not be supported.

Home Continuous Passive Motion (CPM) Device for an Initial Period of 45 day: 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 (Acute & Chronic) Continuous Passive Motion (CPM) and Knee & Leg 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Chapter shoulder.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the 45 day use of a CPM device. ODG recommends that CPM devices are only utilized following surgical processes for adhesive capsulitis such as manipulation. The medical records do not identify that the claimant is diagnosed with adhesive capsulitis and is scheduled to undergo shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff assessment procedures. The requests in this case would not be supported.

Surgi-Stim Unit for an Initial period of 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation (ICS); Neuromuscular Electrical Stimulation (NMES) Devices. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 120.

Decision rationale: California MTUS Chronic Pain Guidelines would not support a Surgi Stim unit for 90 days. The use of a Surgi Stim according to the Chronic Pain Guidelines is not recommended for use during the acute or chronic setting of shoulder related surgery. The use of the above device for a 90 day period of time would also not satisfy guideline criteria. The request would not be supported.

Cold Care 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 (ODG) Shoulder, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205, 555-556.

Decision rationale: California ACOEM Guidelines supported by Official Disability Guidelines criteria would not support purchase of a cryotherapy unit. While ACOEM Guidelines recommend the use of cold therapy for pain control, the Official Disability Guidelines would only support the use of a cryotherapy unit for up to seven days following shoulder surgery. The timeframe for use in this case has not been documented. Without documentation of timeframe for the above device, its use in the postoperative setting, this request is not medically necessary.