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| Case Number: | CM13-0044284 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/29/2012 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female sustained a work related injury on 02/29/2012. According to a progress report dated 08/01/2013, the claimant injured her right shoulder while pulling on a box, weighing approximately 20 pounds inside a walk-in freezer. She received therapy and a corticosteroid injection. Her symptoms resolved and she went back to work. She underwent some continuous trauma type of injuries to her right should after she returned to work and her pain returned. Pain was located on the superolateral aspect of her shoulder and would occasionally radiate to the neck. A MRI of the cervical spine demonstrated about 1 to 2 mm of subluxation of C3-C4 and C4-C5 with 2 to 3 mm disc bulging. There was some mild bilateral recess narrowing and neuroforaminal stenosis. The MRI of the right shoulder demonstrated that she had some degenerative tearing of her labrum with a tear in her long head of the biceps tendon. Diagnostic impression included cervical disc bulging and mild spondylolisthesis and right shoulder impingement syndrome and bursitis and biceps tendon tear. Recommendations included right shoulder arthroscopy, subacromial decompression, bursectomy, possible biceps tendon bursectomy and possible rotator cuff repair. On 10/08/2013, Utilization Review non-certified the request for a home TENS unit with supplies, a shoulder immobilizer with abduction pillow and a cold therapy unit with pad and straps. According to the Utilization Review physician in regards to the TENS unit with supplies, the request was not supported as the guidelines indicated this durable medical equipment is recommended post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. For 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. The shoulder immobilizer with abduction pillow was not supported as guidelines indicated that a postoperative abduction pillow sling is recommended as an option following open repair of large massive rotator cuff-tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case there was no evidence of massive rotator cuff tear to substantiate the request. Guidelines cited for this review included Shoulder Complaints ACOEM pages 555-556 and 561-563 and Official Disability Guidelines Continuous-flow cryotherapy. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with pad and straps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter on continuous-flow cryotherapy

Decision rationale: This patient presents with right shoulder pain radiating to the neck. The patient is status post right shoulder arthroscopy from 09/18/2013. The treater is requesting COLD THERAPY UNIT WITH PAD AND STRAPS. The patient is currently working. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the shoulder chapter on continuous-flow cryotherapy states, 'Recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries has not been fully evaluated.' The report making the request was not made available for review. While postsurgical continuous-flow cryotherapy is supported by the guidelines for up to 7 days and the request for an unlimited duration of cold therapy is not supported by the guidelines. The request IS NOT medically necessary.

Home TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with right shoulder pain radiating to the neck. The patient is status post right shoulder arthroscopy from 09/18/2013. The treater is requesting HOME TENS UNIT WITH SUPPLIES. The patient is currently working. The MTUS guidelines

pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The report making the request was not made available for review. There are no operative reports were provided. None of the reports show a 30-day trial of TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS Guidelines do not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for a home TENS unit with supplies IS NOT medically necessary.

Shoulder immobilizer with abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter for immobilization

Decision rationale: This patient presents with right shoulder pain radiating to the neck. The patient is status post right shoulder arthroscopy from 09/18/2013. The treater is requesting a SHOULDER IMMOBILIZER WITH ABDUCTION PILLOW. The patient is currently working. The MTUS and ACOEM Guidelines do not address this request; however, the ODG Guidelines under the shoulder chapter for immobilization states, 'Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; in a greater preserved range of motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed 'frozen shoulder.' The report making the request was not made available for review. Given that that ODG Guidelines do not support the use of shoulder immobilizer as a primary treatment following shoulder surgery, the request IS NOT medically necessary.