

Case Number:	CM14-0198379		
Date Assigned:	01/30/2015	Date of Injury:	11/29/2013
Decision Date:	03/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old male with a date of injury of 11/29/2013. The mechanism of injury was not reported. The diagnosis includes calcific tendinitis of the shoulder, rotator cuff sprain and impingement. Ultrasound of the shoulder revealed calcific tendinitis, acromioclavicular arthritis, and subacromial impingement syndrome. Conservative treatment for the left shoulder pain has been exhausted and surgery is recommended. The disputed issues pertain to requests for postoperative continuous passive motion, Surgi Stim, and cold compression. The request was modified by utilization review to a cold therapy unit for 7 days rental. The Surgi Stim and continuous passive motion were noncertified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-Op DME Rental: Home Continuous Passive Motion (CPM) Device x 45 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Shoulder Chapter, CPM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Continuous Passive Motion

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines are therefore used. Continuous passive motion is not recommended for shoulder rotator cuff problems or impingement syndrome but is recommended as an option for adhesive capsulitis up to 4 weeks after surgery. Documentation does not indicate the presence of adhesive capsulitis. The procedure as described does not necessitate use of continuous passive motion afterwards. Based upon the ODG guidelines, medical necessity of continuous passive motion is not established. As such, the request for CPM rental for 45 days is not medically necessary.

Associated Surgical Service: Post-Op DME Rental: Surgi-Stim Unit x 90 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current stimulation, Neuromuscular stimulation Page(s): 118, 121.

Decision rationale: The Surgi Stim device is a combination of interferential electrical stimulation and neuromuscular stimulation. California MTUS chronic pain guidelines do not recommend interferential electrical stimulation. There is no quality evidence of effectiveness except in conjunction with recommended treatments and there is limited evidence on those recommended treatments alone. With regard to neuromuscular stimulation it is also not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. As such, the use of a Surgi Stim device is not recommended by guidelines and the medical necessity of the request for 90 days rental is not substantiated.

Associated Surgical Service: Post-Op DME Rental: CoolCare Cold Therapy Unit (no duration given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Shoulder Chapter, Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Continuous Flow Cryotherapy

Decision rationale: California MTUS guidelines do not address this topic. ODG guidelines are therefore used. Continuous-flow cryotherapy is recommended as an option of the surgery, but not for nonsurgical treatment. Postoperative he was generally may be up to 7 days including home use. These units have been proven to decrease pain, inflammation, swelling, and narcotic usage. 7 day rental is supported and is medically necessary. However, the request as stated does

not specify the duration of treatment and as such, the medical necessity of the request is not substantiated.