

Case Number:	CM14-0210228		
Date Assigned:	12/23/2014	Date of Injury:	11/09/2009
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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 California. 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:

According to the records made available for review, this is a 48-year-old female with an 11/9/09 date of injury. At the time (10/28/14) of request for authorization for associated surgical service: CPM x 30 days, associated surgical service: Thermacooler x 30 days, and associated surgical service: IF unit x 30 days, there is documentation of subjective (left shoulder pain) and objective (decreased left shoulder range of motion, positive Neer's test, positive Hawkin's test, positive Jobe test, tenderness over the anterior and posterior acromioclavicular joint, and 4/5 external rotation strength) findings, current diagnoses (persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis), and treatment to date (medications and physical therapy). Medical report identifies a shoulder arthroscopy for decompression and acromioplasty that is authorized/certified. Regarding associated surgical service: IF unit x 30 days, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CPM x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of adhesive capsulitis up to 4 weeks/5 day per week, as criteria necessary to support the medical necessity of continuous passive motion. ODG also notes that continuous passive motion is not recommended for shoulder rotator cuff problems, after shoulder surgery, or for nonsurgical treatment. Within the medical information available for review, there is documentation of diagnoses of persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis. In addition, there is documentation of shoulder arthroscopy for decompression and acromioplasty that is authorized/certified. However, the requested associated surgical service: CPM x 30 days exceeds guidelines (up to 20 days). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: CPM x 30 days is not medically necessary.

Associated surgical service: ThermoCooler x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis. In addition, there is documentation of shoulder arthroscopy for decompression and acromioplasty that is authorized/certified. However, the requested associated surgical service: ThermoCooler x 30 days exceeds guidelines (up to 7 days including home use). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: ThermoCooler x 30 days is not medically necessary.

Associated surgical service: IF unit x 30 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments,

including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis. In addition, there is documentation of shoulder arthroscopy for decompression and acromioplasty that is authorized/certified. However, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: IF unit x 30 days is not medically necessary.