

Case Number:	CM15-0139245		
Date Assigned:	07/29/2015	Date of Injury:	10/29/2012
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: Family Practice

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 64 year old male, who sustained an industrial injury on October 29, 2012, incurring right shoulder injuries. He was diagnosed with right shoulder tendinitis, impingement syndrome, right shoulder rotator cuff tear and a tear of the long head of the biceps of the right arm. Treatment included pain medications, anti-inflammatory drugs and work modifications. Currently, the injured worker complained of increased pain to his right shoulder that radiates up into his neck. He noted tenderness, decreased range of motion, decreased strength and sensory deficit in his shoulder. The treatment plan that was requested for authorization included an A-stimulator unit and a motorized cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) A-stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation); Neuromuscular electrical stimulation (NMES devices) Page(s): 116, 121.

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/Graston instrument assisted technique (manual therapy)Elbow Chapter/ASTYM therapy.

Decision rationale: The MTUS guidelines do not address A-stimulator units. ODG notes that ASTYM therapy is not recommended. There are no high quality published studies in peer-reviewed journals. The request for Durable medical equipment (DME) A-stimulator unit is not medically necessary and appropriate.

Durable medical equipment (DME) motorized cold unit: 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: According to ODG, Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical 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 (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. In this case, the medical records do not establish that the injured worker is scheduled to undergo shoulder surgical intervention. The request for Durable medical equipment (DME) motorized cold unit is not medically necessary and appropriate.