

<b>Case Number:</b>	CM15-0145558		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii  
 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 is a 54 year old female with a March 12, 2012 date of injury. A progress note dated May 18, 2015 documents subjective complaints (significant pain and weakness with shoulder use; moderate night pain), objective findings (decreased range of motion of the right shoulder; range of motion moderately painful and moderate crepitus is present; moderate anterior pain and severe lateral pain; moderate pain in the bicipital groove; mild pain over the acromioclavicular joint; positive O'Brien's sign; decreased strength of the rotator cuff; positive impingement sign; some atrophy in the supraspinatus fossa), and current diagnoses (symptomatic partial, if not complete, rotator cuff tear of the right shoulder). Treatments to date have included x-rays of the right shoulder (May 18, 2015; showed a type IIB acromion and severe acromioclavicular joint narrowing), medications, and activity modifications. The treating physician documented a plan of care that included a fourteen-day rental of a vascultherm unit for the right shoulder, purchase of a compression therapy pad, and purchase of an electronic muscle stimulator unit for the right shoulder with electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) vascultherm for the right shoulder (14 days rental):**  
 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 Chapter - Cold compression therapy; Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, continuous-flow cryotherapy.

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Durable medical equipment (DME) vascutherm for the right shoulder (14-day rental). The treating physician states in the report dated 5/14/15, "Vascutherm 14 days rental." (37B) The ODG Guidelines state, "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." In this case, the treating physician has prescribed that the patient receives treatment for 14 days, which exceeds the ODG guidelines recommendation of 7 days. The current request is not medically necessary.

**Durable medical equipment (DME) compression therapy pad, #1 (purchase):** 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 Chapter - Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Cold compression therapy.

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Durable medical equipment (DME) compression therapy pad, #1 (purchase). The treating physician states in the report dated 5/14/15, "Compression therapy pad QTY 1 purchase." (37B) The ODG Guidelines state, "Not recommended in the shoulder, as there are no published studies." In this case, the treating physician has prescribed a treatment that is not recommended by the ODG guidelines. The current request is not medically necessary.

**Durable medical equipment (DME) EMS (electronic muscle stimulator) unit for the right shoulder (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

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

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Durable medical equipment (DME) EMS (electronic muscle stimulator) unit for the right shoulder (purchase). The treating physician states in the report dated 5/14/15, "EMS purchase." (37B) The MTUS Guidelines do support a trial of TENS-EMS with criteria met. In

this case, the treating physician has asked that the unit be purchased and there is no documentation that the patient has had a previous trial with this device. The current request is not medically necessary.

**Durable medical equipment (DME) electrodes, 2 packs (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

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

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Durable medical equipment (DME) electrodes, 2 packs (purchase). The treating physician states in the report dated 5/14/15, "Electrodes 2 pack purchase." (37B) The MTUS Guidelines do support a trial of TENS-EMS with criteria met. In this case, the request for the purchase of EMS is not medically necessary thus making the request for the electrodes not medically necessary.