

<b>Case Number:</b>	CM15-0022445		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 56 year old female who sustained a repetitive industrial injury to her neck and bilateral shoulders on April 15, 2013. The injured worker was diagnosed with left shoulder full thickness tear of the rotator cuff tear with impingement, cervical degenerative disc disease and cervical radiculitis according to the cervical magnetic resonance imaging (MRI) performed on January 7, 2014. An Electromyography (EMG) performed on June 26, 2014 demonstrated borderline carpal tunnel syndrome, no evidence of cubital tunnel syndrome, no evidence of peripheral neuropathy bilateral upper extremities and no evidence of cervical radiculopathy. Exam note 10/6/14 demonstrates continued neck pain with radiating pain, numbness and tingling into bilateral hands. Exam demonstrates tenderness to palpation over paravertebral musculature and trapezius muscles. The injured worker was authorized for an arthroscopic rotator cuff repair, subacromial decompression and distal clavicle resection. Current medications consist of Zanaflex, Anaprox and Ultram. Treatment modalities consist of physical therapy, home exercise program, acupuncture therapy and medication. The treating physician requested authorization for home continuous passive motion device (Days) QTY: 45.00; home sleep study (night) (polyosomnogram) QTY: 2.00; surgi-stimulating unit (Days) QTY: 90.00; cold therapy unity (Days) QTY: 90.00. On January 16, 2015 the Utilization Review denied certification for home continuous passive motion device (Days) QTY: 45.00; home sleep study (night) (polyosomnogram) QTY: 2.00; surgi-stimulating unit (Days) QTY: 90.00. On January 16, 2015 the Utilization Review modified the request for cold therapy unity (Days) QTY: 90.00 to cold therapy unity (Days) QTY: 7. Citations used in the decision process were the Medical

Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home sleep study (night) (polyosommogram) QTY: 2.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnogram.

**Decision rationale:** CA MTUS does not specifically address polysomnogram/sleep study, therefore the Official Disability Guidelines (ODG) were utilized. ODG, Pain section, Polysomnogram, states that criteria for polysomnography include excessive daytime somnolence; history of cataplexy; morning headache; intellectual deterioration; personality change; or increase in the insomnia complaint for 6 weeks unresponsive to behavior intervention and sedative promoting medications. In this case, there is lack of evidence from the exam notes of 10/6/14 of the above criteria being satisfied to support a sleep study. Therefore determination is for non-certification.

**Home continuous passive motion device (Days) QTY: 45.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, CPM.

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the exam note of 10/6/14, the determination is for non-certification.

**Surgi-Stim unit (Days) QTY: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**Decision rationale:** Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines Interferential Current Stimulation, pages 118-119 states, "Not recommended as an isolated intervention. 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues."As there is insufficient medical evidence regarding use from the exam note of 10/6/14, the determination is for non-certification.