

Case Number:	CM15-0036679		
Date Assigned:	03/05/2015	Date of Injury:	11/11/2010
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, 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 48 year old male, who sustained a work related injury on 11/11/10. He fell off a ladder injuring his knees, his right shoulder and his lower back. The diagnoses have included right shoulder pericapsular strain, right shoulder impingement, right shoulder subacromial bursitis and acromioclavicular degenerative joint disease. Treatments to date have included a MRI right shoulder dated 12/13/14 and bilateral shoulder ultrasound dated 6/23/11. In the Comprehensive Orthopedic Consultation report dated 12/22/14, the injured worker complains of persistent right shoulder pain. Aggressive conservative management has not helped much. He rates the pain a 7/10. He has decreased range of motion in right shoulder. He has tenderness to palpation of the right shoulder joint and musculature. On 2/11/15, Utilization Review non-certified a request for a Surgi-stem unit after right shoulder impingement syndrome surgery. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 2/11/15, Utilization Review modified a request for a continuous passive motion machine postoperative for right shoulder, 45 day rental to passive motion machine postoperative for right shoulder, 21 day rental. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion machine postoperative for right shoulder, 45 day 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, Shoulder Chapter; Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and shoulder pain-continuous passive motion pg 11.

Decision rationale: According to the guidelines, CPM machine is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. In this case, the request was for 45 days which exceed the guideline recommendations. Since it is generally not recommended and considered an option, the 45 day rental of a CPM is not medically necessary.

Surgi-stem unit after right shoulder impingement syndrome surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current Page(s): 119. Decision based on Non-MTUS Citation ODG- shoulder chapter and interferential current - pg 19.

Decision rationale: According to the guidelines cited above, a stem unit which consists of an IC unit is not recommended for isolated intervention. There is no quality evidence of effectiveness except inconjunction with recommended treatments, including return to work and exercises, and limited stimulation (ICS) evidence of improvement on those recommended treatments. In this case, there was no indication of failure of routine and therapy to provide adequate rehabilitation. The request was made at the same time as the surgical request. Length of time for use for 90 days was not substantiated. Based on the lack of clinical evidence to support its use and the guidelines, the Surgi-stem unit is not medically necessary.