

Case Number:	CM15-0055796		
Date Assigned:	04/01/2015	Date of Injury:	11/06/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/24/2015

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: Illinois, California, Texas
 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 71-year-old male who sustained an industrial injury on 11/6/12, relative to lifting. The 1/19/15 treating physician report cited persistent grade 8-10 right shoulder symptoms despite all attempts at aggressive conservative treatment. The 4/23/14 right shoulder ultrasound study showed a 75% partial thickness supraspinatus tendon tear. Right shoulder exam documented flexion 155 degrees, abduction 145 degrees, severe supraspinatus tenderness, and mild to moderate greater tuberosity, acromioclavicular (AC) joint, and biceps tendon tenderness. There was subacromial crepitus and global 4/5 weakness. AC joint compression and impingement tests were positive. The treatment plan recommended right shoulder arthroscopic evaluation and subacromial decompression, carpal tunnel release, and rotator cuff debridement and/or repair. Associated surgical items were requested, including continuous passive motion (CPM) device for 45 days, Surgi-Stim unit for 90 days, and a Coolcare cold therapy unit. The 2/19/15 utilization review certified the request for right shoulder arthroscopic surgery. The 2/20/15 utilization review non-certified the request for CPM for 45 days and Surgi-Stim for 90 days based on an absence of guideline support. It appeared that the reviewer recommended a 7-day rental of a cold therapy unit but it was listed as a non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative durable medical equipment (DME) continuous passive motion (CPM) unit, 45 day in home use: 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-TWC), Shoulder (Acute & Chronic).

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

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.

Postoperative durable medical equipment (DME) electrical stimulation unit and interferential current stimulation (ICS), 90 day in home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The Surgi Stim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), galvanic current, and (direct) pulsed current. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES or galvanic stimulation in the treatment of chronic pain or post-operative care. Galvanic stimulation is considered investigational for all indications. Guidelines suggest that interferential current is not recommended as an isolated intervention. Guidelines support limited use of TENS unit in the post-operative period for up to 30 days. Guideline criteria have not been met. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Therefore, this request is not medically necessary.

Postoperative durable medical equipment (DME) continuous-flow cryotherapy unit, 7 day in home use: 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-TWC), Shoulder (Acute & Chronic).

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

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for 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. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.