

Case Number:	CM13-0008628		
Date Assigned:	03/07/2014	Date of Injury:	12/15/2011
Decision Date:	05/06/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 59-year-old female who sustained an injury to the right shoulder on December 15, 2011. The records for review indicated that following a course of conservative care, on March 14, 2012 the claimant underwent right shoulder arthroscopy with subacromial decompression and rotator cuff repair. Postoperatively, the claimant was treated with an aggressive and lengthy period of formal physical therapy. Due to continued complaints of pain, a postoperative arthrogram was performed on November 20, 2012 and showed a large retracted full thickness retear to the supraspinatus tendon with atrophy. The claimant's most recent clinical assessment for review was dated July 8, 2013 by treating physician [REDACTED] who noted that the claimant had continued complaints of pain in the shoulder. He described pain with excessive end points of activity. [REDACTED] noted that a recent corticosteroid injection provided little ongoing relief and that the claimant had also been treated with therapy, previous acupuncture and medications. Recommendation for continuation of acupuncture for eight additional sessions to the right shoulder as well as the purchase of a home electrical muscle stimulator unit, an Ortho Stim IV for the right shoulder was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS, FOR THE RIGHT SHOULDER QUANTITY EIGHT.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Acupuncture 2007 Guidelines do not support the continued role of acupuncture. Acupuncture is recommended for up to one to two months in the chronic pain setting with demonstration of functional benefit over the course of an initial six sessions. In this case, the request is for an additional eight sessions of acupunctures which in and of itself would exceed Acupuncture Guidelines. The specific role of acupuncture at this chronic stage in the claimant's clinical course of care would not be supported as necessary.

DURABLE MEDICAL EQUIPMENT HOME ELECTRICAL MUSCLE STIMULATION UNIT, AN ORTHOSTIM 4 FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118, 120-121.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS Chronic Pain Treatment 2009 Guidelines do not support the continued role of an Ortho Stim IV unit. An Ortho Stim IV unit is a multimodal interferential stimulator with a neuromuscular electrical stimulator component. Neuromuscular electrical stimulation is not recommended by MTUS Chronic Pain Guidelines in the chronic pain setting. It is only recommended as part of a multimodal approach in the setting of a stroke. There is no documentation to indicate that this claimant is diagnosed with a stroke. The specific request for use in this claimant's chronic rotator cuff tear/shoulder pain setting would thus not be indicated as medically necessary