

Case Number:	CM14-0149737		
Date Assigned:	09/18/2014	Date of Injury:	05/15/2006
Decision Date:	10/17/2014	UR Denial Date:	08/31/2014
Priority:	Standard	Application Received:	09/15/2014

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 56 year old gentleman who sustained an injury to his right shoulder on May 15, 2006. The medical records provided for review included the report of an office visit dated August 4, 2014, documenting that the claimant had failed to respond to conservative measures for the right shoulder. The recommendation was made for right shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair. The Utilization Review determination dated August 31, 2014, authorized the surgery as medically necessary. There are postoperative requests for the use of a home CPM device and the immediate postoperative use of a surgi-stim unit. The medical records did not include any documentation relevant to the postoperative requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Continuous Passive Motion (CPM) Device: 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 (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) Treatment in

Workers Comp, 18th Edition, 2013 Updates: shoulder procedure - continuous passive motion machine.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for postoperative use of a CPM machine is not recommended as medically necessary. The ODG Guidelines do not recommend the use of a CPM machine following arthroscopic shoulder surgery including rotator cuff repair. Therefore, the request for use of this device in direct relationship to the surgical request is not recommended.

1 Surgi-Stim Unit: 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 Interferential Current Stimulation (ICS) Page(s): 118, 120-121.

Decision rationale: California MTUS Chronic Pain Guidelines do not recommend the use of a surgi-stim unit for this claimant. According to the Chronic Pain Guidelines, a surgi-stim unit is a combination of interferential stimulation (IF) and neuromuscular electrical stimulation (NMES); the use of NMES is typically reserved for individuals in rehabilitation following a stroke. There is currently no scientific evidence to support its use in the chronic pain or acute pain setting. Therefore, the request for a surgi-stim unit cannot be supported for use in the immediate postoperative period.