

Case Number:	CM14-0160056		
Date Assigned:	10/03/2014	Date of Injury:	08/20/2013
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 40-year-old male who reported injury on 08/20/2013. The mechanism of injury was from a fall. The injured worker's diagnoses included right shoulder strain/tendinitis/small supraspinatus tendon tear and subacromial/subdeltoid bursitis. The injured worker's past treatments include 12 visits of physical therapy, home exercise, and medications. The injured worker's diagnostic studies included official MRI of the cervical spine on 06/09/2014, and unofficial MRI of the right shoulder which revealed a supraspinatus rotator cuff tear on 12/16/2013. The injured worker's surgical history was not included. On the clinical note dated 09/04/2014, the injured worker complained of right shoulder flare up pain and low back pain. The injured worker rated his pain as 8/10. The injured worker had range of motion to the right shoulder with flexion at 170 degrees, extension at 45 degrees, abduction at 164 degrees, and adduction at 40 degrees. The injured worker had positive shoulder decompression test. The injured worker's medications included Ultracin top lotion 120 mL apply twice a day with the reasoning of the patient cannot tolerate oral NSAIDs for ulcerative colitis. The request was for 1 CPM rental for 45 days and 1 Surgi-Stim unit rental for 90 days postop. The rationale for the request was not provided. The Request for Authorization form was submitted for review on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CPM Rental for 45 Days -Non-Certified: 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)

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

Decision rationale: The request for 1 CPM rental for 45 days - non-certified is not medically necessary. The injured worker is diagnosed with right shoulder strain/tendinitis/small supraspinatus tendon tear and subacromial/subdeltoid bursitis. The injured worker complained of flare up of right shoulder pain rated 8/10. The Official Disability Guidelines do not recommend continuous passive motion for shoulder rotator cuff problems, but recommend as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The guidelines state CPM is not recommended after shoulder surgery or for nonsurgical treatment for rotator cuff tears. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and 1 study found no difference in range of motion or strength. The injured worker has documentation indicating pending rotator cuff repair surgery. Given the guidelines do not recommend rotator cuff repair for nonsurgical or postsurgical treatment, and the injured worker is pending authorization for surgical repair of the rotator cuff, the rental for CPM is not warranted. Additionally, the request does not indicate the application site or frequency of use. As such, the request for 1 CPM rental for 45 days - non-certified is not medically necessary.

1 Surgi-Stim Unit Rental for 90 Days (Post-Op): 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The request for 1 Surgi-Stim unit rental for 90 days post-op is not medically necessary. The injured worker is diagnosed with right shoulder strain/tendinitis/small supraspinatus tendon tear and subacromial/subdeltoid bursitis. The injured worker complained of flare up of right shoulder pain rated 8/10. The California MTUS guidelines do not recommend as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The medical records must have documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment, with the TENS unit should be submitted. The injured worker's medical records lack documentation of an adjunct program for functional restoration and evidence of tried and failed pain modalities. The

requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for the last 3 months. Additionally, the request does not indicate the application site or frequency of use. As such, the request for 1 Surgi-Stim unit rental for 90 days post-op is not medically necessary.