

Case Number:	CM14-0162758		
Date Assigned:	10/07/2014	Date of Injury:	03/31/2014
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 03/31/2014. The patient has the diagnoses of right shoulder impingement with complete tear of the rotator cuff, lumbar radiculopathy and left plantar fasciitis. Per the progress notes dated 08/21/2014, the patient had complaints of continued right shoulder pain and weakness. The patient was currently undergoing physical therapy. The patient also had low back pain. The physical exam noted tenderness in the lumbar paraspinal muscles and positive impingement signs in the right shoulder. Treatment plan recommendations included continuation of physical therapy, MRI of the lumbar spine and surgery if no improvement after physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim Unit for 6 weeks: 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) -Shoulder Chapter

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 and the ACOEM do not specifically address the requested service. Per the progress notes, the physician requested the service to assist in restoring range of motion and to reduce the risk of developing adhesions and soft tissue contractures. In the physician's opinion this allows earlier return to activities of daily living with better motion outcomes. The ODG section on CPM and shoulder complaints does not recommend the service for rotator cuff problems. CPM is recommended for adhesive capsulitis but only for 4 weeks. Therefore the request Surgi-Stim Unit for 6 weeks is not medically necessary and appropriate.