

Case Number:	CM15-0122973		
Date Assigned:	07/07/2015	Date of Injury:	10/01/2003
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated 10/01/2003. The injured worker's diagnoses include right shoulder impingement syndrome and acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/24/2015, the injured worker reported pain in the bilateral hands, shoulders, wrist and neck. Physical exam revealed tenderness in the right shoulder, decrease right muscle strength, and positive right acromioclavicular joint (AC) joint compression and impingement test. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated 05/14/2014 revealed subacromial impingement and acromioclavicular joint (AC) degenerative joint disease. In a progress note dated 05/13/2015, the injured worker reported pain and discomfort. The injured worker rated pain an 8/10. Objective findings revealed right shoulder tenderness to palpitation, right crepitus, decrease range of motion and weakness. Some documents within the submitted medical records are difficult to decipher. Treatment plan consisted of right shoulder surgery and associated surgical services. The treating physician prescribed services for associated surgical services: home continuous passive motion rental 45 days, Surgi-stim unit rental 90 days, cool care cold therapy purchase, and shoulder immobilizer with abduction pillow purchase now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home continuous passive motion rental 45 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Online Version last updated 04/03/2015; Blue Cross of California Medical Policy #DME.00019: Continuous Passive Motion Devices.

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

Decision rationale: The patient was injured on 10/01/03 and presents with right shoulder pain. The request is for Associated Surgical Device: Home Continuous Passive Motion Rental 45 days to assist in restoring range of motion. The RFA is dated 04/24/15 and the patient is retired. The 05/14/14 MRI of the right shoulder revealed subacromial impingement and acromioclavicular degenerative joint disease. The ACOEM and MTUS guidelines do not discuss continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. ODG further states, Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. The patient is diagnosed with right shoulder impingement syndrome and acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. The 04/24/15 report states that the patient is an excellent candidate for arthroscopic evaluation, arthroscopic right shoulder subacromial decompression and distal clavicle resection followed by 3 months of recovery following surgery before reaching a point of maximum medical benefit from orthopedic treatment. The patient is advised that authorization for surgery will be obtained and could be scheduled at her earliest convenience. She understands and wishes to proceed. In this case, ODG Guidelines recommend CPM for patients with adhesive capsulitis, which the patient does not present with. Furthermore, ODG guidelines allow the CPM to be used for 4 weeks/5 days per week. However, the requested 45 day rental exceeds what is allowed by ODG Guidelines. The request is not medically necessary.

Associated surgical service: Surgi-stim unit rental 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The patient was injured on 10/01/03 and presents with right shoulder pain. The request is for Associated Surgical Device: Surgi-Stim Unit Rental 90 days to assist in managing post-operative swelling, edema, and pain. The surgi-stim also assists in muscle re-education. The RFA is dated 04/24/15 and the patient is retired. The 05/14/14 MRI of the right

shoulder revealed subacromial impingement and acromioclavicular degenerative joint disease. SurgiStim is a multi-modality interferential stimulator. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, while not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway. It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The patient is diagnosed with right shoulder impingement syndrome and acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. The 04/24/15 report states that the patient is an excellent candidate for arthroscopic evaluation, arthroscopic right shoulder subacromial decompression and distal clavicle resection followed by 3 months of recovery following surgery before reaching a point of maximum medical benefit from orthopedic treatment. The patient is advised that authorization for surgery will be obtained and could be scheduled at her earliest convenience. She understands and wishes to proceed. MTUS Guidelines recommend a surgi-stim unit if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. Although the provider recommends surgery, it is yet to be scheduled nor authorized. Furthermore, the request is for 90 days and MTUS recommends a 30-day trial period. The request is not within MTUS guidelines. The request is not medically necessary.

Associated surgical service: Cool care cold therapy purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC), Low Back Procedure Summary Online Version last updated 04/03/2015.

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

Decision rationale: The patient was injured on 10/01/03 and presents with right shoulder pain. The request is for Associated Surgical Device: Cool Care Cold Therapy Purchase to assist in managing post-operative swelling, edema, and pain. The RFA is dated 04/24/15 and the patient is retired. The 05/14/14 MRI of the right shoulder revealed subacromial impingement and acromioclavicular degenerative joint disease. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter under continuous flow cryotherapy states, recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In a postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. The patient is diagnosed with right shoulder impingement syndrome and acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic

studies, prescribed medications, and periodic follow up visits. The 04/24/15 report states that the patient is an excellent candidate for arthroscopic evaluation, arthroscopic right shoulder subacromial decompression and distal clavicle resection followed by 3 months of recovery following surgery before reaching a point of maximum medical benefit from orthopedic treatment. The patient is advised that authorization for surgery will be obtained and could be scheduled at her earliest convenience. She understands and wishes to proceed. In this case, ODG Guidelines recommend a cold therapy unit for postoperative recovery. However, the patient's surgery has not been yet scheduled nor authorized. Furthermore, ODG Guidelines allows the cold therapy unit for up to 7 days including home use; however, the request is for a purchase. The requested cool care cold therapy unit is not medically necessary.

Associated surgical service: Shoulder immobilizer with abduction pillow purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC); Shoulder Procedure Summary Online Version last updated 04/03/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under Abduction pillow brace.

Decision rationale: The patient was injured on 10/01/03 and presents with right shoulder pain. The request is for Associated Surgical Device: Cool Care Cold Therapy Purchase to support following surgery. The RFA is dated 04/24/15 and the patient is retired. The 05/14/14 MRI of the right shoulder revealed subacromial impingement and acromioclavicular degenerative joint disease. ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for sling for acute pain, under rotator cuff tear and as a sling for comfort, for AC joint strain or separation. Regarding Abduction pillow brace, the ODG under the shoulder chapter states recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The patient is diagnosed with right shoulder impingement syndrome and acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. The 04/24/15 report states that the patient is an excellent candidate for arthroscopic evaluation, arthroscopic right shoulder subacromial decompression and distal clavicle resection followed by 3 months of recovery following surgery before reaching a point of maximum medical benefit from orthopedic treatment. The patient is advised that authorization for surgery will be obtained and could be scheduled at her earliest convenience. She understands and wishes to proceed. The provider recommended an Abduction brace for post-operative use. The ACOEM guidelines provide support for the use of abduction brace for rotator cuff tears and ODG states recommended as an option following rotator cuff repair. However, the patient's surgery has not been yet scheduled nor authorized. The request is not medically necessary.