

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0128451 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 10/31/2013 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained a work related injury October 31, 2013. According to a physician's final report, dated May 26, 2015, the injured worker presented to the clinic status post history of previous arthroscopic rotator cuff repair, which developed severe stiffness and was brought back to the operating room March 9, 2015. He continued to make good progress with his motion but continued to have issues with pain. Physical examination revealed; incisions are completely healed; abduction with the scapula is stabilized just short of 90 degrees; external rotation just short of 90 degrees; external rotation with his arm at his side to 50 degrees; internal rotation has increased to less than 5 degrees; forward flexion is up to 150 degrees and he can hold all positions against gravity. He has positive Neer and Hawkins tests. Assessment is documented as status post extensive arthroscopic capsular release with significant improvement. A request for authorization, dated March 9, 2015, requests an EMS unit purchase, retrospective Vascutherm 21 day rental, and electrodes, two packs purchase. Diagnosis is documented as adhesive capsulitis shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in October 2013 and underwent an arthroscopic shoulder release with manipulation under anesthesia on 03/09/15. Authorization for postoperative EMS unit purchase with electrodes and a 21 day VascuTherm rental was requested. Neuromuscular electrical stimulation (NMES) is under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. In this case, the claimant did not undergo a rotator cuff repair. He be expected to be able to participate in conventional physical therapy treatments. The requested electrical muscle stimulation device and electrodes were not medically necessary.

Retro: VascuTherm times 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in October 2013 and underwent an arthroscopic shoulder release with manipulation under anesthesia on 03/09/15. Authorization for postoperative EMS unit purchase with electrodes and a 21 day VascuTherm rental was requested. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. The requested VascuTherm rental is not medically necessary.

Electrodes times 2 packs purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in October 2013 and underwent an arthroscopic shoulder release with manipulation under anesthesia on 03/09/15. Authorization for postoperative EMS unit purchase with electrodes and a 21 day VascuTherm rental was requested. Neuromuscular electrical stimulation (NMES) is under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. In this case, the claimant did not undergo a rotator cuff repair. He be expected to be able to participate in conventional physical therapy treatments. The requested electrical muscle stimulation device and electrodes were not medically necessary.