

Case Number:	CM15-0065347		
Date Assigned:	04/13/2015	Date of Injury:	02/05/2013
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 46 year old male, who sustained an industrial injury on 2/05/2013, while employed as a general laborer. He reported a trip and fall causing his arms to jerk up. The injured worker was diagnosed as having adhesions, left rotator cuff clinically, status post debridement, continued impingement syndrome, left shoulder, chronic pain and stiffness, left shoulder, and adhesive capsulitis. Treatment to date has included diagnostics, surgery (left shoulder in 7/2014), physical therapy (12 sessions before surgery and 12 sessions after surgery), and medications. Currently, the injured worker complains of left shoulder pain with radiation to his left hand, rated 7-8/10 at the lowest level and 10/10 at the highest. Magnetic resonance imaging arthrogram findings from 3/03/2015 were referenced. The treatment plan included an arthroscopic surgical procedure. Interferential Current Stimulation, home exercise kit, and deep vein thrombosis (DVT) compression pump and stockings were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

IFC for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

Decision rationale: The 46 year old patient complains of constant pain in the left shoulder, rated at 7-8/10, that radiates to his hand, as per progress report dated 03/12/15. The request is for IFC for the left shoulder. There is no RFA for this case, and the patient's date of injury is 02/05/13. The patient is status post left shoulder debridement and rotator cuff decompression with acromioplasty and distal clavicle resection on 07/30/14, as per progress report dated 03/12/15. Medications include Norco and Ibuprofen. Diagnoses included continued impingement syndrome of the left shoulder, SLAP lesion of the left shoulder, chronic pain and stiffness in the left shoulder, and Frozen left shoulder (adhesive capsulitis). The patient is currently working with restrictions, as per the same progress report. For interferential current stimulation, the MTUS Guidelines page 118-120 state that "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Interferential stimulation units are recommended in cases where: 1.) Pain is ineffectively controlled due to diminished effectiveness of medications, 2.) Pain is ineffectively controlled with medication due to side effects, or 3.) History of substance abuse, or 4.) Significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or 5.) Unresponsive to conservative measures including repositioning, ice/heat, etc. As per orthopedic evaluation report dated 03/12/15, the physician is recommending an arthroscopy of the left shoulder along with anterolateral acromioplasty, extensive debridement, and tenolysis of the rotator cuff. In the same report, the physician is requesting for a TENS unit to help decrease the patient's "pain and discomfort postoperatively, and allow for early motion." The reports, however, do not discuss the request for IFC for the left shoulder. Nonetheless, the patient does not meet the MTUS criteria for IF unit. In progress report dated 03/12/15, the patient claims that his pain "is relieved with Ibuprofen and Norco." There is no indication of substance abuse or significant pain from postoperative conditions that limit ability to undergo physical therapy. The physician does not document the patient's unresponsiveness to conservative measures such as ice/heat as well. Hence, the request for IFC unit is not medically necessary

Home exercise kit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Shoulder (acute & chronic)' and topic 'Home exercise kits' Chapter Knee & Leg and Title DME.

Decision rationale: The 46 year old patient complains of constant pain in the left shoulder, rated at 7-8/10, that radiates to his hand, as per progress report dated 03/12/15. The request is for home exercise kit. There is no RFA for this case, and the patient's date of injury is 02/05/13. The patient is status post left shoulder debridement and rotator cuff decompression with

acromioplasty and distal clavicle resection on 07/30/14, as per progress report dated 03/12/15. Medications include Norco and Ibuprofen. Diagnoses included continued impingement syndrome of the left shoulder, SLAP lesion of the left shoulder, chronic pain and stiffness in the left shoulder, and Frozen left shoulder (adhesive capsulitis). The patient is currently working with restrictions, as per the same progress report. ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Home exercise kits', state that the kits are recommended where home exercises and active self-directed home physical therapy is recommended. Regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "the term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." As per orthopedic evaluation report dated 03/12/15, the physician is recommending an arthroscopy of the left shoulder along with anterolateral acromioplasty, extensive debridement, and tenolysis of the rotator cuff. In the same report, the physician is requesting for a TENS unit to help decrease the patient's "pain and discomfort postoperatively, and allow for early motion, along with a left upper extremity exercise kit." The physician further states that the patient will be on home exercise program along with physical therapy and acupuncture. ODG guidelines also support home exercise kits for shoulder problems. Hence, the request is medically necessary.

DVT compression pump and stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter and topic Venous thrombosis.

Decision rationale: The 46 year old patient complains of constant pain in the left shoulder, rated at 7-8/10, that radiates to his hand, as per progress report dated 03/12/15. The request is for DVT compression pump and stockings. There is no RFA for this case, and the patient's date of injury is 02/05/13. The patient is status post left shoulder debridement and rotator cuff decompression with acromioplasty and distal clavicle resection on 07/30/14, as per progress report dated 03/12/15. Medications include Norco and Ibuprofen. Diagnoses included continued impingement syndrome of the left shoulder, SLAP lesion of the left shoulder, chronic pain and stiffness in the left shoulder, and Frozen left shoulder (adhesive capsulitis). The patient is currently working with restrictions, as per the same progress report. ODG-TWC guidelines, Shoulder Chapter and topic Venous thrombosis states the following: "In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm

movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days." ODG shoulder chapter online for Compression Garments states: Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. As per orthopedic evaluation report dated 03/12/15, the physician is recommending an arthroscopy of the left shoulder along with anterolateral acromioplasty, extensive debridement, and tenolysis of the rotator cuff. In the same report, the physician states that "a motorized compression pump and stockings should be utilized for the first 30 days following surgery to help decrease the chance of phlebitis or pulmonary emboli." The physician, however, does not discuss the patient's risk of UEDVT and why he cannot be treated with anticoagulation alone. Additionally, ODG guidelines do not support the use of compression garments such as stockings. Hence, the request for compression pump and stockings is not medically necessary.