

Case Number:	CM15-0077067		
Date Assigned:	04/28/2015	Date of Injury:	03/09/2012
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69-year-old male, who sustained an industrial injury on March 9, 2012. The injured worker was diagnosed as having right shoulder impingement with rotator cuff tear and AC joint degenerative joint disease status post industrial right shoulder injury. Treatment to date has included a MRI and medication. Currently, the injured worker complains of sustaining an injury to his right shoulder, with a pain level a 6/10. The Comprehensive Orthopedic Second Opinion Surgical Consult dated October 31, 2014, noted the MRI of the right shoulder on October 10, 2014, revealed a rotator cuff tear, AC joint degenerative joint disease, and subacromial impingement. The injured worker was advised that surgery was indicated and had followed up for a second opinion. Physical examination was noted to show the right shoulder with severe supraspinatus tenderness, moderate greater tuberosity tenderness, severe AC joint tenderness, and mild biceps tendon tenderness, with subacromial crepitus. The AC joint compression test, Impingement I (passive), Impingement II (passive internal), and Impingement III (90 degrees active abduction) tests were all noted to be positive on the right. The treating physician noted the injured worker was a candidate for arthroscopic right shoulder decompression, distal clavicle resection, and rotator cuff repair as indicated. The treating physician requested authorizations for the injured worker to be seen for standard pre-operative medical clearance, post-operative rehabilitation therapy, a home continuous passive motion (CPM) device, a post-operative electrical stim unit for an initial period of 90 days, and a Cold Therapy Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) purchase of an Electrical Stimulation(E-Stim) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Pain, TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to MTUS, electrical stimulators (TENS units) are not recommended as a primary treatment modality, and a one-month home-based trial may be considered as a noninvasive conservative option. It should also be used as an adjunct to a functional restoration program. MTUS and ODG both primarily recommend TENS for neuropathic pain, phantom limb pain, CRPS, spasticity, and multiple sclerosis. ODG recommends TENS use for specific body parts, primarily for secondary options for low back, knee, or neck; but does not recommend use for elbow, forearm, or hand use. ODG also lists several criteria for use of TENS units, including documentation, timing, treatment plan, and trial period parameters. For shoulder conditions, ODG recommends for post-stroke rehabilitation. Neither guidelines specifically mention post-surgical use of TENS units. According to the medical documentation provided, the patient does not have any of the diagnoses recommended for primary use. There are no evidence-based guidelines that indicate utilization for post-surgical care outside of pain and primary indications. The treating physician provides only subjective evidence to support the request prior to surgery. There are no specific short and long term goals of treatment in the documentation, nor a statement of the anticipated therapeutic benefit. There appears to be no indication for requesting this equipment prior to performing surgery, without evaluating the post-surgical condition of the patient. Therefore, the request for DME Electrical Stimulation (E-Stim) unit, is not medically necessary.

Deep Vein Thrombosis (DVT) Compression Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.Pubmed.gov).

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

Decision rationale: MTUS does not provide recommendations on deep vein thrombosis (DVT) prophylaxis. ODG recommends that patients are monitored for risk of perioperative thromboembolic complications postoperatively, considering anticoagulation therapy for those at high risk. ODG states that compression therapy is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are rare following upper-extremity

surgery. A thorough preoperative workup to uncover risks for deep venous thrombosis/pulmonary embolism is recommended to guide therapy. The medical documentation indicates the patient is undergoing shoulder surgery. The pre-operative workup does not appear to have been accomplished, and there is no documentation that the patient or procedure would be considered high risk for thromboembolic event. The treating physician does not provide justification for this treatment. Therefore, the request for Deep Vein Thrombosis (DVT) Compression Unit is not medically necessary at this time.

Continuous Passive Motion (CPM) Unit: Upheld

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

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

Decision rationale: MTUS does not address the issue of CPM (continuous passive motion) units. ODG indicates that it is not recommended for shoulder rotator cuff problems, including after surgery. ODG states it is recommended as an option for adhesive capsulitis and has shown better results than physical therapy. The treating physician indicates the surgery is for decompression and possible rotator cuff repair. CPM is not recommended for post-surgical rotator cuff therapy. According to the medical documentation provided, the patient does not have any of the recommended diagnoses (adhesive capsulitis). The physician indicates only subjective evidence for justification. Further evaluation would have to be made after surgery to determine if this therapy is appropriate. Therefore, the request for CPM unit is not medically necessary at this time.