

<b>Case Number:</b>	CM15-0093845		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56-year-old female with an industrial injury dated 6/02/2009. The injured worker's diagnoses include status post continuous trauma injury. Treatment consisted of ultrasound of the left shoulder, prescribed medications, physical therapy, cortisone injection, pain management and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported persistent left shoulder pain. Objective findings revealed positive acromioclavicular joint (AC) joint compression test and impingement test. Ultrasound of the left shoulder dated 2/18/2015 revealed partial thickness rotator cuff, supraspinatus and infraspinatus tendon tears of 50% to 75%. The treatment plan consisted of left shoulder surgery. The treating physician requested associated surgical service: continuous passive motion device for 45-days, Surgi-stim for 90-days, shoulder immobilizer with abduction pillow and cool care cold therapy unit 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: Continuous Passive Motion Device (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 (ODG), Knee Chapter, Criteria for the use of continuous passive motion devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous passive motion.

**Decision rationale:** ODG guidelines do not recommend continuous passive motion for rotator cuff repairs. However, it is indicated for adhesive capsulitis. The injured worker is undergoing arthroscopy for a rotator cuff tear. As such, the request is not medically necessary.

**Associated Surgical Service: Surgi-Stim (90-days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential electrical stimulation, Neuromuscular electrical stimulation page(s): 118, 121.

**Decision rationale:** Surgi Stim is a combination of interferential electrical stimulation and neuromuscular electrical stimulation. California MTUS chronic pain guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, medications, and limited evidence of improvement on those recommended treatments alone. As such, interferential electrical stimulation is not recommended. With regard to neuromuscular stimulation, the guidelines indicate that it is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. As such, the request is not medically necessary.

**Associated Surgical Service: Shoulder Immobilizer with Abduction Pillow: 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, Abduction Pillow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Postoperative abduction pillow sling.

**Decision rationale:** ODG guidelines recommend an abduction pillow sling for open repairs of large and massive rotator cuff tears. It takes the tension off the repair by keeping the arm abducted. However, it is not indicated for partial-thickness and full-thickness rotator cuff tears that are conducive to arthroscopic repair. As such, the request is not medically necessary.

**Associated Surgical Service: Cool care Cold Therapy 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 (ODG), Shoulder Chapter, Cool Care Cold Therapy Unit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** With regard to cool care cold therapy unit, ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a cool care cold therapy unit and does not specify if it is for purchase or rental and in case of rental, it does not specify the duration. As such, the request is not medically necessary.