

Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	1/24/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010753

- 1) MAXIMUS Federal Services, Inc. has determined the request for **continuous passive motion (CPM) rental x 45 days is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **surgi-stim rental x 45 days for the left shoulder is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **continuous passive motion (CPM) rental x 45 days** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **surgi-stim rental x 45 days for the left shoulder** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 45-year-old female who reported injury on 01/24/2012. The injury occurred when the patient sat in a high chair with wheels and the patient's foot accidentally kicked the bottom of the chair, causing the chair to roll out from underneath them. The patient was known to have undergone acromial decompression, left Mumford procedure, and labral or cuff debridement. The treatment plan was noted to include a CPM and Surgi Stim.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for continuous passive motion (CPM) rental x 45 days:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Shoulder Chapter, Online Version, which is not a part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines recommend continuous passive motion as a treatment up to 4 weeks, 5 days per week, for adhesive capsulitis. A clinical note dated 04/15/2013 revealed that the employee was going to be scheduled to undergo a surgical procedure, and that there was a request for a CPM (continuous passive motion) for 45 days to assist with restoring range of motion. The clinical documentation submitted for review indicated the employee had impingement syndrome, however, it failed to support the necessity for 45 days of CPM therapy. **The request for CPM is not medically necessary and appropriate.**

2) Regarding the request for surgi-stim rental x 45 days for the left shoulder:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices), and Galvanic Stimulation, which is a part of MTUS and the manufacturer's website for the SurgiStim 3, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, High Voltage, page 117, Interferential Current Stimulation (ICS), pages 119-120, and Neuromuscular electrical stimulation (NMES devices), page 121, which is a part of MTUS.

Rationale for the Decision:

MTUS Guidelines do not recommend galvanic stimulation. An additional portion of the Surgi Stim treatment was noted to be neuromuscular electrical stimulation (NMES), which is not recommended by the guidelines in the use of chronic pain, as there are no interventional trials suggesting benefit from any NMES for chronic pain. In addition, the guidelines indicate that interferential stimulation is not recommended as an isolated intervention and that there is no quality

evidence of effectiveness in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy, and therapy may vary according to the frequency of stimulation, pulsed duration, treatment time, and electrode placement technique. The Surgi Stim unit includes galvanic stimulation high voltage pulse stimulation and is used primarily for localized edema reduction. An office note of 04/15/2013, in the records submitted for review, indicate the physician was requesting a Surgi Stim unit for an initial period of 90 days to assist the employee in managing postoperative swelling, edema, and pain, as well as muscle re-education. The report indicated that the modalities allow for an earlier return to activities of daily living as well as to facilitate a more full participation in postoperative rehabilitation. Additionally, it was stated if the Surgi Stim unit provided continuing functional and symptomatic benefit, a purchase would be recommended. The clinical documentation submitted for review failed to provide evidence for the necessity of a Surgi Stim and failed to provide exceptional factors to warrant nonadherence to guideline recommendations. **The request for Surgi Stim is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.