

Case Number:	CM13-0012387		
Date Assigned:	11/20/2013	Date of Injury:	02/17/2012
Decision Date:	01/27/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 61-year-old female who was injury in a work related accident on February 17, 2012. The records in this case indicate an injury to the claimant's right shoulder. It is indicated that the claimant's course of care has necessitated the need for an arthroscopy to the right shoulder with decompression, distal clavicle resection and a rotator cuff procedure. The planned procedure was to take place in August of 2013. Specific requests for review in this case are in relationship to the postoperative care of the right shoulder surgery in question. There are requests for a CPM device for 45 days, a SurgiStim IV unit for 90 days, a continuous cold cryotherapy unit, and an abductor pillow all for postoperative use. Further records are not supportive of the requests in question

IMR ISSUES, DECISIONS AND RATIONALES

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

Home continuous passive motion (CPM) device for an initial period of forty five days (45): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) shoulder procedure Continuous passive motion (CPM)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, 45 day use of a CPM device would not be indicated. Official Disability Guidelines do not recommend the role of CPM in any setting in regards to postoperative use for the shoulder. This specific request would not be supported by clinical Guidelines for any period of time in question.

Surgi-Stim unit for ninety days (90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES.

Decision rationale: Based on California MTUS Guidelines, a SurgiStim IV unit is a combination stimulator unit that contains amongst other modalities neuromuscular electro stimulation. The role of neuromuscular stimulation is not supported in the acute or chronic pain setting by clinical Guideline criteria. Its ongoing use in this case, thus, would not be indicated for postoperative use in the shoulder surgery setting.

Coolcare continuous cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure, Continuous-flow cryotherapy

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the decision for a cold care continuous cryotherapy device would not be indicated. Cryotherapy devices by clinical Guidelines are only supported for a maximum of seven days including home use. The anticipated frequency of duration of use of this agent is not noted. The inability to document duration of use would fail to necessitate Guideline criteria for its use at present.

Abduction pillow, large: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure, Postoperative abduction pillow sling

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, an abduction pillow sling for postoperative use in this case also would not be indicated. Records indicate the claimant is to undergo decompression, distal clavicle resection and a rotator cuff debridement. Guidelines in regards to abduction pillow are only indicated for use in a large or massive rotator cuff repair. The absence of documentation of a large rotator cuff repair would fail to necessitate this postoperative device.