

Case Number:	CM13-0015968		
Date Assigned:	10/11/2013	Date of Injury:	07/28/2007
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 patient is a 46-year-old female who was injured in a work related accident on 07/26/07. Recent clinical records for review include a 08/26/13 operative report indicating the claimant underwent a manipulation under anesthesia to the right shoulder. It was noted at the start of the procedure the claimant was with forward flexion and abduction to 90 degrees and external rotation to 0. Afterwards, there was forward flexion to 170, abduction to 170, and external rotation to 30. Postoperative records are not available for review. It is noted that the claimant underwent initial surgical process to the shoulder on 03/14/13 while right shoulder arthroscopy, debridement, and rotator cuff repair took place. Postmanipulation under anesthesia, there was a request for 24 sessions of formal physical therapy, six week use of a cryotherapy device, a one month rental of a CPM machine, and need for transportation services to and from the hospital facility for therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-OP Physical Therapy x 24 visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, an initial 24 sessions of physical therapy for the claimant's shoulder following recent manipulation would be indicated. In regard to surgery for adhesive capsulitis, guidelines state "24 visits over 14 weeks". Given the request for 24 sessions in the initial course of care, this specific therapy request would be indicated.

Cryotherapy/Surgical Stim unit x 6 weeks: 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/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: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, cryotherapy unit for six week rental would not be indicated. Official Disability Guidelines criteria for cryotherapy device indicated their need for up to seven days in the postoperative setting including home use. The role of six week rental of the above device would exceed guideline criteria and would not be supported as medically necessary.

CPM x 1 month rental: 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/CPM

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 passive motion section.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, the use of CPM in the shoulder is not supported. Documentation of 11 randomized clinical trials yields no functional improvement with use of CPM in conjunction with a physical therapy program versus therapy program alone. The use of the one month rental of this device would not be indicated.

Transportation to/from hospital surgical facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Procedure, Transportation section.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, transportation services for this individual would not be supported. While transportation service per Official Disability Guidelines are recommended for medical necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport, the role of care in this case has not yet been established or supported. It would negate the need for transportation services in this claimant who medical records do not indicate she immobile.