

<b>Case Number:</b>	CM13-0018849		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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:

This 43 year-old patient sustained an injury to his left shoulder on 12/5/11 from putting away heavy boxes of break pads while employed by [REDACTED]. Diagnoses include rotator cuff tear and biceps tenosynovitis. Initially, the patient presented with anterior subluxation in the left shoulder and was treated with bracing and physical therapy from December 2011 through May 2012, along with a home exercise program, medications, and injection. An MR Arthrogram dated 5/11/12 showed SLAP tear of the superior glenoid labrum and mild tendinosis of the posterior supra and infraspinatus. The patient underwent left shoulder arthroscopic glenohumeral ligament repair and anterior labral repair on 6/15/12 followed by postoperative physical therapy with improvement in range of motion; however, the patient continues with weakness and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 WEEKS RENTAL OF COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The MTUS guidelines are silent on the use of cold compression therapy, but they do recommend standard cold packs for post-exercise. The Official Disability Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, the ODG limits use for 7 days postoperatively, as efficacy has not been proven after. The request for authorization does not provide supporting documentation for use beyond the guidelines criteria. As such, the request is not medically necessary.

**6 WEEKS RENTAL OF CONTINUOUS PASSIVE MOTION DEVICE:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** Although the Official Disability Guidelines recommend continuous passive motion (CPM) for post knee surgery with restricted indications, it specifically states that CPM is not recommended for post shoulder surgeries, as multiple studies have noted no difference in function, pain, strength, or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit post shoulder arthroscopy outside the recommendations of the guidelines. As such, the request is not medically necessary.