

Case Number:	CM13-0019224		
Date Assigned:	12/11/2013	Date of Injury:	01/18/2013
Decision Date:	02/03/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 55-year-old male who reported an injury on 01/18/2013. The patient is diagnosed with status post rotator cuff repair with glenohumeral synovectomy, subacromial decompression, and Mumford procedure on 08/05/2013. The patient was seen by [REDACTED] on 09/18/2013. Physical examination revealed localized moderate tenderness in the right shoulder over the bicipital groove and exposed portion of the rotator cuff, fairly good shoulder range of motion with slight pain with external rotation and abduction, excellent strength, and well healed incision. Treatment recommendations included continuation of current medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) 30 Days, Cold Unit 30 Days: 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) Shoulder Chapter, Continuous Passive Motion, Continuous Flow Cryotherapy

Decision rationale: Official Disability Guidelines state continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Continuous passive motion is not recommended after shoulder surgery or for nonsurgical treatment of a rotator cuff tear. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. As per the clinical notes submitted, the patient underwent rotator cuff repair with glenohumeral synovectomy, subacromial decompression, and Mumford procedure on 08/05/2013. There is no indication of adhesive capsulitis for this patient. As guidelines do not recommend continuous passive motion for postsurgical or nonsurgical treatment of rotator cuff tears, the current request cannot be determined as medically appropriate. Additionally, guidelines recommend continuous flow cryotherapy for up to 7 days, including home use. Therefore, the current request for a cold unit for 30 days is not medically appropriate. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

Additional 23 Days, Cold Compress Unit: 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) Shoulder Chapter, Continuous Passive Motion, Continuous Flow Cryotherapy

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. As guidelines do not recommend the use of continuous flow cryotherapy longer than 7 days, the current request for an additional 23 days cannot be determined as medically appropriate. Therefore, the request is non-certified.