

<b>Case Number:</b>	CM13-0019951		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 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 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 is a 61-year-old gentleman who injured his right shoulder on 03/07/10. The claimant is noted to have failed conservative care or a diagnosis of shoulder impingement. The records for review include the 02/27/13 utilization review which certified the request for right shoulder diagnostic/therapeutic arthroscopy with debridement, acromioplasty and distal clavicle excision. The medical records indicate that surgery did not take place until 07/19/13. At that time, there was a request for postoperative use of a CPM machine on a rental basis for 21 days, soft goods to ensure a good fit with the CPM device, a VascuTherm II device for 14 days rental, a shoulder wrap and a setup/education fitting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM UNIT, 21 DAY RENTAL FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Treatment in Worker's Comp, 18th Edition, Shoulder Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ODG Treatment in Worker's Comp, 18th Edition, Shoulder Procedure, Continuous Passive Motion (CPM).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address a CPM Machine. Based on the Official Disability Guidelines, the request for 21 day use of a CPM

device would not be indicated. The Official Disability Guidelines do not recommend the use of a CPM in the postoperative setting following shoulder arthroscopy. Therefore, the request for use of a CPM cannot be supported.

**SOFT GOODS FOR UPPER EXTREMITY CPM (PURCHASE): 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) Treatment in Worker's Comp, 18th Edition, 2013.

**Decision rationale:** The request for postoperative use of a CPM Machine is not recommended as medically necessary. Therefore, the request for soft goods is also not necessary.

**VASCUTHERM 2 THERAPY SYSTEM 14 DAY RENTAL: 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 the Non-MTUS ODG. Treatment in Worker's Comp, 18th Edition, Forearm, Wrist and Hand Procedure. Vasopneumatic Devices.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a VascuTherm therapy system for 14 days would not be indicated. According to the ODG Guidelines, there is no indication for the use of this device in the postoperative setting. Its use for 14 day rental given the nature of the claimant's shoulder arthroscopy and decompressive procedure of July 2013 would not be indicated.

**WRAP, SHOULDER STANDARD: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment in Worker's Comp.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ODG, Treatment in Worker's Comp, 18th Edition, Knee Procedure.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for compressive garment would not be indicated. There is nothing in this case indicating the claimant to be at an increased risk or with a previous history of veno-thrombotic diagnosis. Without documentation of comorbid condition, history of veno-thrombotic event or increased risk of DVT, there would be no indication for a compressive device for the shoulder.

**PATIENT SETUP/EDUCATION/ FITTING FEE: 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 the Non-MTUS ODG. Treatment in Worker's Comp, 18th Edition. Forearm, wrist and Hand Procedure. Vasopneumatic Devices.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines would not support education/fitting fee in this case as the use of the compressive device is not recommended as medically necessary.