MAXIMUS Federal Services

Case Number:	CM13-0024934		
Date Assigned:	11/20/2013	Date of Injury:	12/12/2001
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Management and Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58 year old female with an injury from 2001. The patient suffers from chronic shoulder pain with prior shoulder surgery on 12/12/01, and a subsequent shoulder surgery on 8/16/13. Patient reports increasing left shoulder pain, tenderness, stiffness and weakness. Exam showed some reduction of range of motion to 145 degrees for shoulder flexion, with 4/5 strength on left side, compared to 5/5 on right side. Impressions were recurrent impingement syndrome, left shoulder, 50% partial thickness rotator cuff tear on MRI 2/12/13; status post industrial bilateral upper extremity injuries, shoulder, and neck with subsequently failed acromioplasty. Recommendation was for a revision surgery with rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 day rental of home CPM device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: This patient is anticipating another rotator cuff repair for the shoulder. The provider has asked for a 45 day rental of a CPM (continuous passive motion) for post-operative care of the shoulder. MTUS guidelines do not discuss this item. However, the ODG guidelines do not recommend CPM for shoulder surgery post-operative care. There is lack of evidence that a CPM device helps. Therefore, the 45 day rental of a home CPM device is not medically necessary.

90 day rental of cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder.

Decision rationale: This patient is anticipating another rotator cuff repair for the shoulder. The provider has asked for a 90 day rental of continuous flow cryotherapy. MTUS guidelines do not discuss this item. However, the ODG guidelines recommend 7 day post-operative use of continuous cryotherapy following surgery. The current request for a 90-day rental exceeds what is recommended by the guidelines. Therefore, the 90 day rental of a cold therapy unit is not medically necessary.

Physical therapy (18 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient is being scheduled for revision surgery of the shoulder for rotator cuff repair and decompression. The provider has asked for 18 sessions of post-operative therapy. The MTUS post-operative therapy recommendations for this type of surgery are for 24 visits over 14 weeks. Therefore, the requested 18 sessions of physical therapy are medically necessary and appropriate.