

Case Number:	CM13-0042586		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2013
Decision Date:	05/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 claimant is a 51-year-old female injured on June 18, 2013. The specific requests for this review are postsurgical in nature in regard to the claimant's left shoulder. Clinical records provided for review indicate that the claimant has been recommended to undergo a left shoulder arthroscopy, subacromial decompression, rotator cuff repair, and possible distal clavicle excision. The surgical request has been approved per utilization review process. Specific to the claimant's postoperative course of care, there is a request for a 10 day rental of a cryotherapy device and a 14 day rental of a continuous passive motion device. The clinical records are not supportive of the current request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM 14 DAY 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), Shoulder Chapter.

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 UPDATES: SHOULDER PROCEDURE - CONTINUOUS PASSIVE MOTION (CPM)

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, a continuous passive motion device for a 14-day rental following a shoulder procedure would not be indicated. Official Disability Guidelines do not recommend the use of a continuous passive motion device for postoperative use after shoulder surgery. There is no documentation within the records for review that would indicate that this claimant is an exception to the rule. The specific request for the use of this device in the postoperative setting would not be supported.

COLD THERAPY UNIT 10 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 555-556.
Decision based on Non-MTUS Citation ODG, Shoulder Chapter

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 UPDATES: SHOULDER
PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, a 10-day rental of a cryotherapy device would not be indicated. The Official Disability Guidelines recommend the use of cryotherapy for up to seven days including home use in the postoperative setting following shoulder procedures. The specific request for 10 days would exceed guideline criteria and thus would not be indicated at present. There is no documentation within the records to support that this claimant would be an exception to the ODG Guidelines.