

Case Number:	CM13-0045661		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2011
Decision Date:	05/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/12/2013

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 67-year-old female who was injured in a work related accident that occurred on 11/29/11. Clinical records for review indicate that the claimant has been authorized for a shoulder surgery. There was documentation of a failed response to conservative care for the right shoulder and surgical intervention was to include arthroscopic subacromial decompression and distal clavicle resection with possible capsular release and manipulation under anesthesia. There were postoperative requests for the ninety day use of a surgistim unit, and a cryotherapy device for a non documented period of time, a forty five day rental of a CPM device, and a request for preoperative medical clearance. All requests in this case were from post or perioperative consideration of the claimant's approved right shoulder arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE: Overturned

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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004);

CA MTUS ACOEM OMPG (SECOND EDITION, 2004)., CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: Based on California ACOEM guidelines, preoperative medical clearance would be appropriate. This 67-year-old individual is to undergo an anesthetic procedure involving the shoulder and guidelines would support consultation to determine medical stability. The preoperative clearance would be important in planning preoperative and perioperative management. The request is medically necessary and appropriate.

CPM DEVICE 45 DAYS: 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, Shoulder Chapter, CPM Section

Decision rationale: The California MTUS guidelines are silent. The Official Disability Guidelines (ODG) would not support the use of CPM in the surgical setting for the shoulder. This specific request for forty five days use of the above device would not be indicated as there is not documented benefit over standard postoperative therapy. The request is not medically necessary or appropriate.

SURGI STIM UNIT 90 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Section Page(s): 121.

Decision rationale: The California MTUS guidelines would not support the use of a surgistim unit in this case. There is not documented support for the use of neuromuscular electrical stimulation in the postoperative setting rather this form of modality is typically utilized and reserved for individuals undergoing stroke therapy. The medical necessity for use of the surgistim unit in the postoperative setting is not established.

COOLCARE COLD THERAPY: 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)

OFFICIAL DISABILITY GUIDELINES, SHOULDER Chapter, Continuous Flow Therapy
Section

Decision rationale: The California MTUS guidelines are silent. The Official Disability Guidelines (ODG) would not support the use of a cold care unit as requested. While cryotherapy can be utilized for up to seven days including home use documents in this case do not indicate the timeframe that was requested and absent that information the medical necessity for the request cannot be established.