

Case Number:	CM13-0046243		
Date Assigned:	04/02/2014	Date of Injury:	02/16/2013
Decision Date:	05/08/2014	UR Denial Date:	10/28/2013
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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and consultation with a shoulder surgeon, who has recommended total shoulder arthroplasty. In a Utilization Review Report of October 28, 2013, the claims administrator approved a left shoulder total shoulder arthroplasty, cold therapy unit seven-day rental, postoperative home health physical therapy, and assistant surgeon while denying a continuous passive motion device outright. In its denial, the claims administrator cited outdated, non-MTUS-ODG Guideline on continuous passive motion, which incorrectly stated that continuous passive motion is never recommended for issues pertaining to the shoulder; the most current version of ODG supports CPM for adhesive capsulitis. Similarly, a continuous flow cryotherapy device was also denied. The applicant's attorney subsequently appealed. In progress notes of February 12, 2014 and April 2, 2014, handwritten, not entirely legible, it is suggested that the applicant has undergone a total shoulder replacement surgery, is attending physical therapy, and is off of work, on total temporary disability. The applicant's shoulder motion appears to be limited with flexion in 110 degree range with limited range of motion noted. The applicant underwent a total shoulder arthroplasty procedure on February 13, 2014, it appears. The applicant was described as having markedly limited shoulder range of motion with flexion and abduction in the 40-degree range on December 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit (CTU): 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) and California MTUS Guidelines, web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRYOTHERAPY TOPIC.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Continuous Flow Cryotherapy topic, continuous flow cryotherapy is recommended as an option postoperatively but not for nonsurgical treatment. Postoperative use, however, is generally limited to seven days. In this case, the attending provider seemingly sought to purchase the device for permanent use purposes. This is not indicated, per ODG. Therefore, the request is not certified, on Independent Medical Review.

Purchase of post-operative continuous passive motion (CPM) unit: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG SHOULDER CHAPTER, CONTINUOUS PASSIVE MOTION TOPIC

Decision rationale: The MTUS does not address the topic of postoperative continuous passive motion. Contrary to what was suggested by the attending provider, however, the ODG Shoulder Chapter Continuous Passive Motion topic does state that CPM should be recommended as an option for adhesive capsulitis, up to four weeks/five days per week. Similarly, the Third Edition ACOEM Guidelines also recommend continuous passive motion in conjunction with a home exercise program for treatment of adhesive capsulitis. In this case, the claimant's residual stiffness following total shoulder arthroplasty does suggest that there may be some element of postoperative adhesive capsulitis/shoulder arthrofibrosis. Provision of postoperative continuous passive motion device would be beneficial to try and ameliorate the same. While it would have been ideally preferable to partially certify the request as a rental so as to gauge the presence of ongoing functional improvement with the device, partial certifications are not permissible through the Independent Medical Review system. Therefore, the request is wholly certified, in light of the claims administrator's citing an outdated guideline, and in light of the applicant's residual shoulder stiffness/arthrofibrosis following the total shoulder arthroplasty procedure.