

Case Number:	CM13-0050782		
Date Assigned:	01/22/2014	Date of Injury:	10/21/2005
Decision Date:	07/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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:

The claimant is a 48 year old gentleman injured 10/21/05. Clinical records for review indicate an injury to the shoulder for which there is a current diagnosis of left shoulder impingement and rotator cuff tear. The claimant is currently awaiting authorization for a left shoulder arthroscopy with arthroscopic versus open rotator cuff repair and subachromial decompression. In direct relationship to the requested surgery, there is a request for a thirty day rental of a continuous passive motion device and fourteen day rental of a cryotherapy unit. There are no other clinical records pertinent to the specific post operative requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR RENTAL 14 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Shoulder, Continuous-flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure, Continuous-flow Cryotherapy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, fourteen day rental of a cryotherapy device would not be indicated. The ACOEM Guidelines recommend the local application of cold to treat pain. The ODG Guidelines would only recommend the use of cryotherapy devices for up to seven days, including home use. The request for fourteen day rental of the above device would exceed the ODG Guidelines and would not be indicated.

CPM UNIT FOR RENTAL 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Shoulder, Continuous Passive Motion (CPM).

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

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the use of a continuous passive motion device would not be indicated. The ODG Guidelines do not support the use of a CPM in the post operative setting after shoulder surgery, particularly the subacromial decompression or rotator cuff repair. Given the nature of the claimant's surgical process, the CPM would not be supported as medically necessary.