

<b>Case Number:</b>	CM13-0056303		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of January 9, 2013. A utilization review dated October 24, 2013 recommends non-certification of continuous positive motion machine for 21 days and modification of a cryotherapy machine for 21 days. Non-certification was recommended for the continuous positive motion machine for 21 days, because such device is not recommended for rotator cuff problems but is recommended for adhesive capsulitis. Continuous flow cryotherapy is recommended for seven days post-surgery including home use, but is not recommended for nonsurgical treatment; therefore, modification was recommended. A progress note dated October 7, 2013 includes subjective complaints of persistent right shoulder pain and weakness after holding/lifting a heavy plate, atypical symptoms such as entire body pain, and inability to extend the right thumb. The physical exam identifies guarding with neck range of motion, hyperdramatic pain behavior with examination, no atrophy of the shoulder is identified, no interosseus wasting of the hand, inability to extend the thumb, weakness of the wrist due to pain, and positive right shoulder impingement sign testing. Diagnoses include shoulder impingement, right rotator cuff tear, and right shoulder impingement. The treatment plan recommends right shoulder arthroscopic surgery. An MRI of the right shoulder dated February 11, 2013 shows mild degenerative changes of the right acromioclavicular joint with a small amount of subacromial fluid, a partial thickness tendon tear of the distal right supraspinatus tendon without evident tendon retraction and small sub centimeter focal adjacent bony reactive cystic changes of the right humeral head. An upper extremity EMG nerve conduction study dated September 17, 2013 reported mild carpal tunnel bilaterally and mild slowing of the ulnar motor conduction velocity in the elbow segment bilaterally, and there were no findings of cervical radiculopathy nor of peripheral neuropathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CONTINUOUS POSITIVE MOTION MACHINE TIMES 21 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 (ODG), Shoulder Chapter, Continuous Passive Motion Section.

**Decision rationale:** Regarding the request for CPM machine X 21 days, California MTUS and ACOEM guidelines do not contain criteria for the use of this device. The Official Disability Guidelines (ODG) states that CPM machines are not recommended for shoulder rotator cuff problems, but are recommended as an option for adhesive capsulitis for up to 4 weeks/5days per week. Given that the patient has a diagnosis of right shoulder rotator cuff tear, the currently requested CPM machine X 21 days is not medically necessary.

### **CRYOTHERAPY MACHINE TIMES 21 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 (ODG), SHOULDER CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY SECTION

**Decision rationale:** Regarding the request for Cold Therapy Unit for 21 day rental for the right shoulder, the Official Disability Guidelines (ODG) cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, it is not specified if the unit is intended post-surgical or for non-surgical treatment. Nonetheless, if the unit rental was intended for post-surgical therapy the number of days requested exceed the maximum number recommended by guidelines. As such, the currently requested Cold Therapy Unit 21 day rental for the right shoulder is not medically necessary.