

Case Number:	CM13-0059765		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2012
Decision Date:	04/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 35-year-old female who was injured at work on 03/27/2012. She reported a cumulative trauma injury. The carrier has accepted the right shoulder, right upper arm, upper back and neck. Diagnostic studies reviewed include EMG/NCV(Electromyography/Nerve conduction Velocity) of right upper extremity performed 01/16/2013 revealed a normal exam. Follow up report dated 10/29/2013 documented objective findings on exam to reveal tenderness of the right shoulder, along the upper trapezius musculature with trigger point in the levator scapular/trapezius junction. Impingement test was positive in Neer's, Hawkin's and cross arm; weak rotator cuff muscle was noted; drop arm test was negative; Crepitation came from the AC (Acromio-Clavicular) joint; O'Brien's test was positive for a tear in the labrum; distraction test was negative; There was no visible muscle atrophy. UR dated 11/13/2013 has approved a right shoulder surgery, this review is for postoperative care considering the surgery has taken place.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of CPM (Continuous Passive Motion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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), Shoulder, Continuous Passive Motion (CPM).

Decision rationale: According to ODG, CPM is not recommended after shoulder surgery for the patient's shoulder pathology. Therefore, CPM is not necessary and appropriate.

Abduction pillow brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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), Post-Operative Shoulder Abduction Pillow.

Decision rationale: According to ODG, postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The patient does not have a large and massive rotator cuff tear. Therefore, abduction pillow brace is not necessary and appropriate..

Exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

Decision rationale: ODG notes that shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. However, post-operative exercise kits are not typically prescribed and are not specifically addressed by the guidelines. Post-operative physical therapy is however recommended by the guidelines and was approved. Medical necessity has not been established. Therefore, exercise kit is not necessary and appropriate.

Compression stockings with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>)

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

Decision rationale: According to the ODG, deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. Further, there is no documentation that the patient is at moderate, high, or very high risk for DVT. Therefore, compression stockings with pump are not medically necessary and appropriate