

Case Number:	CM13-0063285		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2011
Decision Date:	06/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 Therapy, 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 patient is a 46 year old female who was injured on 11/29/11, sustaining injury to her left wrist, shoulder, and cervical spine. Prior treatment history has included x-rays, injection for inflammation, therapy sessions, and medications. The patient underwent arthroscopy of the left shoulder on 11/6/13. A multi-position MRI of the cervical spine taken on 8/23/12 revealed C2-C3 disc bulge measuring 2.7mm in neutral position, 1.7 mm flexion and 1.7 mm in extension with minimal associated spinal canal narrowing. The neural foraminae are patent and the exiting nerve roots are within normal limits. At C3-C4, there was a disc bulge measuring 3.9mm in neutral position, 2.7mm in flexion and 1.7mm in extension which causes the spinal canal narrowing. At C5-C6, there was a disc bulge measuring 1.7mm in neutral position, 1.7 in flexion and 2.4mm in extension which causes spinal canal narrowing. At C6-C7, there is a disc bulge measuring 2.7mm in neutral position, 1.7mm in flexion, and 1.7mm in extension which causes spinal canal narrowing. At C7-T1, there is a disc bulge measuring 1.7mm in neutral position, 1.7mm in flexion and 1.7mm in extension which causes spinal canal narrowing. There was also left maxillary sinuses. A multi-position MRI of the left shoulder with arthrogram taken on 8/24/12 reveals acromioclavicular osteoarthritis, supraspinatus tendonitis, and infraspinatus tendonitis. A progress report dated 1/18/13 documented that the patient feels therapy is helping. His range of motion had some improvement, and he felt that injection was beneficial. A progress note dated 2/11/13 documented the patient to be with complaints in the left shoulder. He completed two visits of physical therapy as authorized since the last visit. He is doing home range of motion exercises, and he is taking Terocin and Naprosyn. Objective findings on exam showed a tender supraclavicular trap. There was pain with Hawkins crossover and empty can. A progress report dated 3/13/13 documented that the patient stated the left shoulder is improved to pain rated at 1/10. The neck has pain at 2-3/10 and right shoulder pain is at 3/10. A progress

report dated 5/30/13 document the patient to be with complaints of pain in the bilateral shoulders and left shoulder pain with lifting, carrying, and overhead activities. Objective findings reveal that left shoulder is tender. Hawkin's crossover was positive. The empty can test was positive. Forward flexion was at 150 degrees, external at 40 degrees, abduction at 150 degrees, external rotation at 75 degrees, and internal rotation at 70 degrees. A progress note dated 7/30/13 documented the patient to be with left shoulder pain unchanged, with a pain level of 4/10. He does report some improvement with left scapular region pain. Naproxen does help for pain. The patient is doing therapy and home exercises. He has intermittent right shoulder pain. Objective findings reveal that the left shoulder is tender in the AC joint footprint. Forward flexion is at 155 degrees, external is full, abduction is at 155 degrees, external rotation is at 75 degrees, and internal rotation is at 75 degrees. There was a positive Hawkin's test with mild pain. A progress note dated 9/3/13 documented that the patient was reporting pain in the left shoulder and the neck; there was no trauma. The patient also reports right shoulder pain. Objective findings include left shoulder forward flexion at 105 degrees, external flexion at 35 degrees, abduction at 125 degrees, external rotation at 75 degrees, and internal rotation at 70 degrees. There was spasm at the left trap. Strength in the supraspinatus was 3/5. Internal and external rotation was at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Left shoulder surgery was planned, and medically appropriate postoperative care measures would include using a cold therapy device for up to seven days, as is supported by the Official Disability Guidelines. However, the purchase of a cold therapy unit would not be recommended, considering use is only indicated for seven days. As such, the request is not medically necessary.

AN ABDUCTION PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend a shoulder sling with an abduction pillow following open repair of massive rotator tears. However, the patient had a partial tear and underwent debridement. Since the patient does not have the injury and operation for which the abduction pillow is required, the request is not medically necessary.

RENTAL OF A CONTINUOUS PASSIVE MOTION DEVICE FOR 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the Official Disability Guidelines, continuous passive motion (CPM) devices are recommended for adhesive capsulitis. However, the patient is diagnosed with shoulder rotator cuff problems, for which CPM device are not indicated. The evidence based guidelines do not support use of a CPM device in this case. As such, the request is not medically necessary.

THE USE OF A CONTINUOUS PASSIVE MOTION PHYSICAL THERAPY PAD FOR THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RENTAL OF A PNEUMATIC INTERANAL COMPRESSION DEVICE FOR SEVEN DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the Official Disability Guidelines, compression garments are not generally recommended for the shoulder. Though pneumatic internal compression devices are routinely used, they are not specifically recommended. Postoperative care, including physical therapy, cold therapy, and medication should be adequate to address inflammation and pain. As such, the request is not medically necessary.