

Case Number:	CM13-0065686		
Date Assigned:	01/03/2014	Date of Injury:	05/19/2011
Decision Date:	04/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice 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 40-year-old female who reported injury on 05/19/2011. The mechanism of injury was noted to be the patient was in a walk-in freezer and was reaching for a box of apples when the box fell down onto her shoulder. Box weighed approximately 50 to 60 pounds per documentation. The patient was noted to undergo a right shoulder arthroscopic diagnostic arthroscopy, synovectomy, extensive debridement, an arthroscopic subacromial decompression, lysis of adhesions, removal of loose body and an arthroscopic clavicle resection as well as an ablation on 03/27/2013. The request was made for a motorized Cold Therapy Unit purchase. The rental of a continuous passive motion machine for 42 days and soft goods pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit purchase: 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

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for 7 days postoperatively. The patient had shoulder surgery. There was a lack of documentation indicating a necessity for purchase of the unit. The request for motorized Cold Therapy Unit purchase is not medically necessary and appropriate.

Retrospective request for a rental of a continuous passive motion machine for 42 days (3/28/13): 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

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion for shoulder rotator cuffs but recommended as an option for adhesive capsulitis up to 4 to 5 days per week. There was a lack of documentation indicating a necessity for 45 day treatment. Additionally, there was a lack of documentation indicating the patient's diagnosis was adhesive capsulitis. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the retrospective request for the rental of a continuous passive motion machine for 42 days (3/28/13) is not medically necessary and appropriate.

Retrospective request for soft good pads purchase (3/28/13):

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 cite any medical evidence for its decision.

Decision rationale: As the request for the continuous passive motion machine was not medically necessary, the retrospective request for soft good pads purchase (3/28/13) is not medically necessary and appropriate.