

Case Number:	CM13-0066896		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2013
Decision Date:	04/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Hand Surgery, and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not provided. The patient underwent a subacromial decompression with a distal clavicle resection and left rotator cuff repair on 07/10/2013. The documentation of 10/16/2013 revealed the patient had stiffness. The physician documented that the patient could not lift his arm or move his arm to brush his teeth. The patient had 70 degrees of abduction, 0 degrees of internal rotation at 70 degrees, and 50 degrees of external rotation at 70 degrees along with 50 degrees of extension and 30 degrees of adduction. The assessment was noted to be postoperative adhesive capsulitis left shoulder severe, left shoulder pain, and 3 months status post left shoulder arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle resection. The request was made for a CPM for 21-day rental and contrast compression therapy unit x14 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST-OP CPM UNIT RENTAL TIMES 21 DAYS, LEFT SHOULDER:
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) (updated 6/12/13), 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).

Decision rationale: Official Disability Guidelines recommend continuous passive motion for adhesive capsulitis up to 4 weeks x5 days per week. The clinical documentation submitted for review indicated the plan was for manipulation under anesthesia for adhesive capsulitis. However, there was lack of documentation indicating that the procedure was approved. The request as submitted failed to indicate what was meant by 12 post-op CPM unit rental 21 days. Given the above and the lack of clarity, the request for twelve (12) post-op CPM unit rental times 21 days, left shoulder is not medically necessary.

CONTRAST COMPRESSION THERAPY UNIT TIMES FOURTEEN (14) DAYS RENTAL, LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation ODG Shoulder (updated 6/12/13) Continuous-flow cryotherapy.

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: Official Disability Guidelines recommend continuous-flow cryotherapy x 7 days postoperatively. However, there was lack of documentation indicating necessity for a 14-day rental. Given the above, the request for contrast compression therapy unit 14 days rental for left shoulder is not medically necessary. Additionally, there was lack of documentation indicating the surgical procedure had been approved and was medically necessary.