

<b>Case Number:</b>	CM13-0072384		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Family Medicine has a subspecialty in Nutrition/Lifestyle and is licensed to practice in New Jersey. 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 claimant is a 55 year old female who injured both of her shoulders from cumulative injury leading up to 10/7/11. She was later diagnosed with bilateral shoulder sprain/strain with partial tear (25%) of the both the right and left supraspinatus tendons with associated impingement. She also experienced both right and left elbow, wrist and hand pain related to her injury. After her injury her bilateral shoulder pain, which became chronic, was treated with steroid injections, oral medications, occupational therapy, cryotherapy, acupuncture, chiropractic therapy, and home exercise. Then on 11/21/12 the worker inquired about surgical intervention on her shoulder with a surgeon, who thought she was a candidate for surgery on her shoulders. A second opinion from another orthopedic surgeon was given on 3/29/13 who agreed that the worker was a candidate for Final Determination Letter for IMR Case Number CM13-0072384 3 arthroscopic left shoulder evaluation, arthroscopic decompression, distal clavicle resection, and rotator cuff debridement/repair which was later done on 5/22/13. The worker complained that she had difficulty with performing basic tasks at home such as cooking, cleaning, and laundry because of her right shoulder pain and limited motion. Later a request for surgery on her right shoulder was made and she was seen by her surgeon again on 11/15/13, when her surgeon recommended she have a right shoulder decompression, distal clavicle resection and labral and/or cuff debridement as well as post-operative prescriptions including rehabilitation therapy, home continuous passive motion (CPM) device, Surgi-Stim unit, Coolcare Cold Therapy Unit, home care, and an abduction pillow for use after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUOUS PASSIVE MOTION RENTAL (PER DAY) QTY: 45.00: 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), 11th Edition, Shoulder, 2013.

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

**Decision rationale:** The MTUS Guidelines are silent on the topic of continuous passive motion (CPM), devices for post-surgical use. However, the ODG states that CPM is not recommended for shoulder rotator cuff problems, including tears, after surgery or for non-surgical treatment as the evidence to date has showed no difference in function, strength, or pain with use. Therefore, the CPM rental for 45 days is not medically necessary.

**COLD THERAPY UNIT RENTAL (PER DAY) QTY: 90.00: 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), 11th Edition, Shoulder, 2013.

**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 MTUS Guidelines do not have a stance on cold therapy/cryotherapy for post-surgical use on the shoulder. The ODG, however, states that it is recommended after surgery, but not for nonsurgical treatment, with use up to 7 days, including home use. The request for this worker was for the cryotherapy to be used for 90 days instead of the recommended limit of 7 days, therefore, the cold therapy unit rental for 90 days is not medically necessary.

**SURGI-STIM UNIT (PER DAY) QTY: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

**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, Electrical Stimulation.

**Decision rationale:** The Surgi-Stim device is a multi-modality electrical stimulation device, typically used after surgery. No specific guidelines are mentioned in the MTUS for multimodality units such as this for use after shoulder surgery. The ODG states that any type of electrical

stimulation device is not recommended for use on the shoulder as there was lack of evidence regarding efficacy when last reviewed. Therefore, the Surgi-Stim unit rental for 90 days is not medically necessary.

**CONTINUED HOME CARE (PER WEEK) QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**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, Home Health Services.

**Decision rationale:** The MTUS Guidelines are silent on home care for post-surgical use. The ODG, however states that home health services be recommended for help with recommended medical treatment(s) only for those who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. No evidence was shown in the documents provided that the worker was home bound requiring specifically medical treatment assistance, and therefore the continued home care 6 times per week is not medically necessary.

**LARGE ABDUCTION PILLOW (PURCHASE) QTY:1.00:** 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), 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), Postoperative Abduction Pillow/Sling.

**Decision rationale:** The MTUS is silent on the topic of using abduction pillows for post-surgical use. The ODG states that a postoperative pillow is recommended as an option following open repair of large and massive rotator cuff tears. The pillow keeps the arm in a prepared sulcus but are not used for arthroscopic repairs. In this case, the worker's planned surgery was not for a massive tear, but for an estimated 25% tear based on ultrasound imaging. Therefore, the Large Abduction Pillow is not medically necessary.