MAXIMUS Federal Services

Case Number:	CM14-0010255		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2012
Decision Date:	08/06/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

This is a 40-year-old male with a 3/3/13 date of injury. The patient had a left shoulder arthroscopy on 1/3/14. A follow up visit on 1/7/14 noted patient complaints of left shoulder pain but subsiding since surgery. Exam findings revealed no evidence of swelling, incision draining, or erythema. The diagnosis is left shoulder impingement syndrome with acromion arthropathy. The patient is noted to be in physical therapy. A continuous passive motion three week rental and pneumatic compression rental were requested. A UR decision denied the request on 1/14/14 given there is no information was to where the pneumatic compression device will be used, and with regard to the CPM rental there was no mention of range of motion of the shoulder that would respond to a CPM. The cold pads were also not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC INT. COMPRESSION RENTAL: 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 (ODG) knee and leg Chapter-Venous Thrombus.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that IPC (intermittent pneumatic compression) devices are meant for patients with a high risk of bleeding post operatively. These devices are meant largely for hospitalized patients or patients who are bedbound and cannot ambulate. There is no indication that the patient could not ambulate, nor is there a rationale given as to why the patient requires an intermittent compression device, which is generally used in the prevention of venous thromboembolism. Therefore, the request for an intermittent compression device was not medically necessary.

SHOULDER CPM 3 WEEK RENTAL: 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 ODG (Shoulder Chapter-CPM).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) does not consistently support the use of CPM in the postoperative management of rotator cuff tears; but Continuous Passive Motion (CPM) treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. There is no in indication this patient has adhesive capsulitis or any condition for which a CPM would be useful. Therefore, the request for a CPM rental times three weeks was not medically necessary.

CPM COLD THERAPY PAD PURCHASE: 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 ODG (Shoulder Chapter-CPM).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. There is no documentation that the patient has a condition for which the use of a Continuous Passive Motion (CPM) is necessary, such as adhesive capsulitis. Therefore, the request for a CPM cold therapy pad was not medically necessary.