

Case Number:	CM14-0017587		
Date Assigned:	04/16/2014	Date of Injury:	01/19/2010
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The claimant is a 52-year-old who was injured on January 19, 2010 injuring the left shoulder. The records indicate that despite a course of conservative care, the claimant was certified to undergo a left shoulder subacromial decompression procedure to be performed arthroscopically. Certification took place on January 21, 2014. The specific clinical request is for postoperative use of a CPM machine for twenty-one days as well as the purchase of a cryotherapy device in the postoperative setting for the claimant's upcoming left shoulder arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE POLAR CARE 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment In Worker's Comp 18th Edition, 2013 Updates, Chapter Shoulder Continuous Flow Cryotherapy.

Decision rationale: Based on California ACOEM Guidelines, the role of the purchase of a cryotherapy device in the postoperative setting of a shoulder arthroscopy would not be

supported.

While Guidelines recommend local application of cold in the first few days following acute complaints, the purchase of the above device in the clinical setting of arthroscopy would not be indicated. Guidelines typically do not recommend the role of compressive cryotherapy beyond a seven day period of time. The request for post-operative polar care cold therapy unit is not medically necessary.

POST-OPERATIVE CONTINUOUS PASSIVE MOTION (CPM) RENTAL X 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Continuous Passive Motion (CPM).

Decision rationale: California ACOEM and MTUS Guidelines are silent regarding CPM use in the shoulder. When looking at Official Disability Guideline criteria, CPM is not recommended. Multiple recent high yield randomized clinical trials did not support efficacy or benefit with use of CPM in regards to improvement of pain or function following shoulder procedures. There would be no indication for the use of this device in this individual's shoulder arthroscopy. The request for post-operative continuous passive motion (CPM) rental X 21days is not medically necessary.