

Case Number:	CM14-0118605		
Date Assigned:	09/23/2014	Date of Injury:	08/23/2009
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old female who reported an injury on 08/23/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of other specified disorders of bursa and tendons in shoulder region and postoperative right shoulder arthroscopy. Past medical treatment consists of surgery, physical therapy and home exercise program. On 07/02/2014, the injured worker underwent surgery which consisted of right shoulder arthroscopy, rotator cuff debridement, subacromial decompression, partial acromionectomy and partial superior labrectomy. On 09/24/2014, the injured worker complained of right shoulder pain. The injured worker complained of tightness and limited range of motion. Her symptoms and physical examination were consistent with an element of adhesive capsulitis. Physical examination also demonstrated significant guarding posture of the right upper extremity with limited glenohumeral arm swing during ambulation. Passive range of motion revealed a forward flexion of 85 degrees, extension of 15 degrees, external rotation of 45 degrees, internal rotation of 15, abduction of 80 degrees and adduction of 10 degrees. Medical treatment plan is for the injured worker to have access to a CPM unit and cold therapy unit. The provider feels that these machines are necessary for the injured worker to optimized postoperative rehabilitation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Pads: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit With Pad E0217 For 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, Shoulder (updated 4/25/14), Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold compression therapy.

Decision rationale: The request for cold therapy unit with pads is not medically necessary. ODG does not recommend the use of cold compression therapy in the shoulder as there are no published studies. It may be an option for other body parts. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the postop joint. There has been an RCT underway since 2008 to evaluate and compare clinical postoperative outcomes for patients using an active cooling and compression device, and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Given that the request is not recommended by the ODG, the request is not medically necessary.

CPM Unit Rental For 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, Shoulder (updated 4/25/14), Venous thrombosis

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

Decision rationale: The request for CPM Unit Rental For 21 Days is not medically necessary. According to ODG continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Guidelines also state that a recent Cochrane review concluded that there was high quality evidence that continuous passive motion increased passive range of motion and active flexion range of motion, but that these effects are too small to be clinically worthwhile and there is low quality evidence that continuous passive motion has no effect on length of hospital stay, but reduces the need for manipulation under anesthesia. The adjunctive home use of CPM may be an effective treatment option for patients at risk of contractures, regardless of whether the patient

is being treated as part of a Workers' Compensation claim or not. Recent literature suggests that routine home use of CPM has minimal benefit when combined with standard physical therapy, but studies conducted in a controlled hospital setting suggest that CPM can improve rehabilitation. Given that ODG does not recommend the use of CPM, the request as submitted is not medically necessary.

Pneumatic Intermittent Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 4/25/14), Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Compression garments.

Decision rationale: The request for a pneumatic intermittent compression device is not medically necessary. ODG does not generally recommend compression garments in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis, pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified idiopathic risk factors. Given that the ODG does not recommend the use of pneumatic intermittent compression devices, the request as submitted is not medically necessary.