

Case Number:	CM14-0132773		
Date Assigned:	09/19/2014	Date of Injury:	10/25/2009
Decision Date:	12/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 32-year-old female who has submitted a claim for right shoulder impingement syndrome, associated with an industrial injury date of 10/25/2009. Medical records from 2014 were reviewed. The most recent progress report is dated 3/10/2014. The patient complained of persistent right shoulder pain, aggravated by lifting, pushing, pulling, forward reaching, and overhead activities. Physical examination of the right shoulder showed tenderness at the subacromial space and the acromioclavicular joint, a positive impingement sign, a positive Hawkin's sign, and pain with terminal motion. MRI of the right shoulder, dated 12/14/2013, documented fluid in the shoulder joint, consistent with effusion; anterior capsulitis and sprain; fluid in the subscapularis bursa; arthrosis of the acromioclavicular joint; extrinsic impingement on the supraspinatus; and supraspinatus tear in its distal portion. Treatment to date has included subacromial cortisone injection, physical therapy, and medications. The utilization review from 7/24/2014 denied the requests for shoulder CPM device x 30 day rental and shoulder CPM pad, purchase because it was only recommended for adhesive capsulitis; modified the request for Game ready unit x14 day rental into cold therapy unit x 7 day rental and modified the request for Game ready shoulder wrap x14 day rental into cold therapy shoulder wrap x 7 day rental because a cold therapy unit may be reasonable to address postoperative pain and swelling to hasten functional recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM device x30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Passive Motion (CPM).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Shoulder Chapter was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The guideline also does not support its use after shoulder surgery for rotator cuff tears or for non-surgical treatment. The patient is a known case of right shoulder impingement syndrome. The guideline clearly states that CPM use for this condition is not supported. There is no discussion concerning need for variance from the guidelines. Moreover, the most recent progress report is dated 3/10/2014. The current clinical and functional status of the patient is unknown. Therefore, the request for shoulder CPM device x 30 day rental is not medically necessary.

Shoulder CPM pad, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

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 Passive Motion (CPM)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Shoulder Chapter was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The guideline also does not support its use after shoulder surgery for rotator cuff tears or for non-surgical treatment. The patient is a known case of right shoulder impingement syndrome. The guideline clearly states that CPM use for this condition is not supported. There is no discussion concerning need for variance from the guidelines. Moreover, the most recent progress report is dated 3/10/2014. The current clinical and functional status of the patient is unknown. Therefore, the request for shoulder CPM pad, purchase is not medically necessary.

Game ready unit x14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, shoulder procedure summary last updated 6/12/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Game Ready Accelerated Recovery System, Continuous-flow Cryotherapy

Decision rationale: CA MTUS does not specifically address Game Ready accelerated recovery system. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Game Ready accelerated recovery system is recommended as an option after surgery. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. Postoperative use of continuous-flow cryotherapy generally may be up to 7 days, including home use. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. In this case, a Game ready unit is requested for post-operative use. However, the most recent progress report available for review is dated 3/10/2014. The current clinical and functional status of the patient is unknown. It is unclear what type of procedure is contemplated. Moreover, there is no discussion why the requested duration of treatment is 14 days, which is beyond the guideline recommendation. Therefore, the request for Game ready unit x14 day rental is not medically necessary.

Game ready shoulder wrap x14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Game Ready Accelerated Recovery System, Continuous-flow Cryotherapy

Decision rationale: CA MTUS does not specifically address Game Ready accelerated recovery system. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Game Ready accelerated recovery system is recommended as an option after surgery. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. Postoperative use of continuous-flow cryotherapy generally may be up to 7 days, including home use. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. In this case, a Game ready unit is requested for post-operative use. However, the most recent progress report available for review is dated 3/10/2014. The current clinical and functional status of the patient is unknown. It is unclear what type of procedure is contemplated. Moreover, there is no discussion why the requested duration of treatment is 14 days, which is

beyond the guideline recommendation. Therefore, the request for Game ready shoulder wrap x14 day rental is not medically necessary.