

Case Number:	CM14-0135523		
Date Assigned:	08/29/2014	Date of Injury:	02/27/2013
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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:

According to the records made available for review, this is a 57-year-old female with a 2/27/13 date of injury, and left shoulder arthroscopic subacromial decompression on 5/27/14. At the time (7/24/14) of the Decision for Shoulder CPM (Continuous Passive Motion) with pads, [REDACTED] DVT (Deep Vein Thrombosis) prevention system, and [REDACTED] cold therapy recovery system with wrap, there is documentation of subjective complaints of left shoulder pain. Objective findings include noted rotator cuff weakness, shoulder elevation to 150 degrees, and external rotation of 70 degrees. The current diagnoses are status post left shoulder arthroscopic subacromial decompression. Treatment to date includes medications and physical therapy. Regarding shoulder CPM, there is no documentation of adhesive capsulitis. Regarding [REDACTED] DVT, there is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM (Continuous Passive Motion) with pads: 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 (Acute and Chronic), Continuous Passive Motion (CPM)

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: MTUS does not address the issue. Official Disability Guidelines (ODG) identifies documentation of adhesive capsulitis up to 4 weeks/5 day per week, as criteria necessary to support the medical necessity of continuous passive motion. ODG also notes that continuous passive motion is not recommended for shoulder rotator cuff problems, after shoulder surgery, or for nonsurgical treatment. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder arthroscopic subacromial decompression. However, there is no documentation of adhesive capsulitis. Therefore, based on guidelines and a review of the evidence, the request for Shoulder CPM (continuous passive motion) with pads is not medically necessary.

██████ **DVT (Deep Vein Thrombosis) prevention system:** 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 (updated 04/25/14), 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, Polar care (cold therapy unit); Venous thrombosis

Decision rationale: MTUS does not address this issue. Official Disability Guidelines (ODG) identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder arthroscopic subacromial decompression. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for ██████ DVT (deep vein thrombosis) prevention system is not medically necessary.

██████ **cold therapy recovery system with wrap:** 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 (updated 04/25/14), Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Polar care (cold therapy unit); Venous thrombosis

Decision rationale: MTUS does not address this issue. Official Disability Guidelines (ODG) identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7

days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder arthroscopic subacromial decompression. However, there is no documentation of the intended duration of use for the requested [REDACTED] cold therapy recovery system with wrap. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] cold therapy recovery system with wrap is not medically necessary.