

Case Number:	CM14-0153392		
Date Assigned:	09/23/2014	Date of Injury:	03/28/2013
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 43-year-old female who sustained an injury to the left shoulder on 03/28/13. The medical records provided for review included the Utilization Review determination dated 08/27/14 that authorized left shoulder arthroscopy, subacromial decompression and debridement procedure. In direct relationship to the claimant's left shoulder arthroscopic procedure, there are requests for a cryotherapy device, 24 sessions of postoperative physical therapy, preoperative medical clearance and purchase of a CPM unit. The records did not include any additional information relevant to these requests. There is also no documentation of past medical history or underlying comorbidities in this otherwise healthy, 43-year-old female.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 11th Edition (web 2014) Continuous Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a cold therapy unit is not recommended as medically necessary. While ACOEM Guidelines support the application of cold to control pain and swelling, the Official Disability Guidelines recommend the postoperative use of cryotherapy unit for up to seven days following surgery including home use. For this request, the timeframe for use is not specified and therefore, the request for a cold therapy unit cannot be recommended as medically necessary.

Postoperative physical therapy 3x8: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would support the request for 24 sessions of physical therapy postoperatively. Postsurgical Guidelines following shoulder arthroscopy for impingement recommend up to 24 sessions of therapy in the postoperative setting. The clinical request for 24 sessions of therapy would thus be supported as medically necessary.

Pre-op Medical Clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: California ACOEM Guidelines would not support the role of preoperative medical clearance for this claimant. While this individual is to undergo an arthroscopy, there is no documentation of underlying comorbidities or medical history that would support the need for preoperative medical clearance. The claimant was approved for preoperative testing to include blood work, a urine culture, chest x-ray and EKG. There is no documentation that abnormalities were noted on any of the above tests. Without documented preoperative abnormality or underlying comorbidity, the role for preoperative medical clearance appointment would not be supported.

Shoulder CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 11th Edition (web 2014) CPM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous passive motion (CPM)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend the use of a CPM following shoulder arthroscopic procedures for impingement. Therefore, the request for a CPM device for the claimant's left shoulder would not be supported as medically necessary.