

Case Number:	CM14-0181771		
Date Assigned:	11/06/2014	Date of Injury:	11/04/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 54-year-old female with an 11/4/13 date of injury. At the time (9/24/14) of the request for authorization for continuous passive motion and Post-Operative Polar Unit Rental 21 Days, there is documentation of subjective (ongoing pain, especially with overhead lifting and reaching behind her back) and objective (limited range of motion) findings, current diagnoses (right shoulder impingement syndrome, rotator cuff tear, and labral tear), and treatment to date (medication). Medical reports identify the patient is pending an arthroscopic SAD, repair of the labrum, and repair of right rotator cuff. Regarding continuous passive motion, there is no documentation of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion: 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: 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. 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 diagnoses of right shoulder impingement syndrome, rotator cuff tear, and labral tear. However, there is no documentation of adhesive capsulitis. Therefore, based on guidelines and a review of the evidence, the request for continuous passive motion is not medically necessary.

Post-Operative Polar Unit Rental 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), Shoulder

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-flow cryotherapy

Decision rationale: MTUS does not address the issue. ODG supports continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, rotator cuff tear, and labral tear. In addition, there is documentation that the patient is pending an arthroscopic SAD, repair of the labrum, and repair of right rotator cuff. However, the requested Post-Operative Polar Unit Rental 21 Days exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Post-Operative Polar Unit Rental 21 Days is not medically necessary.