

Case Number:	CM14-0182496		
Date Assigned:	11/07/2014	Date of Injury:	09/13/2011
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
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 New York. 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 37-year-old female. She has a date of injury September 13, 2011. The patient has chronic shoulder pain. She's had physical therapy, acupuncture and medications. On physical examination she is reduced range of motion of the right shoulder. Apprehension sign is positive. O'Brien's test is positive. Impingement test is positive. MRI shows fluid in the subacromial bursa. There are degenerative changes in the rotator cuff. The patient has been indicated for shoulder surgery. At issue is whether cold therapy and continuous passive motion (CPM) a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit 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

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.

Decision rationale: ODG guidelines recommend up to 7 days of cold therapy. Cold therapy has been shown to reduce inflammation swelling and narcotic usage. Guidelines only recommend 7 days of cold therapy. It is unclear exactly, should cold therapy has been ordered. It is also on

necessary for the patient to purchase the device. Ice packs may be just as effective as cryotherapy. Cold therapy in the form of ice packs has been shown to reduce pain and swelling. Since it is unclear exactly how long cold therapy has been prescribed and since it is unnecessary for the patient to purchase the unit, there is no medical necessity for cold therapy unit purchase. The patient may use ice packs for 7 days or rent the unit for only 7 days. Purchase of the unit is not medically necessary.

Associated surgical service: Continuous passive motion machine: 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.

Decision rationale: Guidelines do not demonstrate improved results with functional outcome measures after shoulder surgery and CPM use. CPM uses not indicated that the shoulder surgery. Medical literature does not support improved outcomes using CPM after shoulder surgery. Guidelines do not recommend CPM for shoulder use after surgery. Therefore, the continuous passive motion (CPM) machine is not medically necessary and appropriate.