

Case Number:	CM14-0022765		
Date Assigned:	06/11/2014	Date of Injury:	06/21/1996
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 Texas. 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 injured worker is a 63 year old female whose date of injury is 06/21/1996. The mechanism of injury is described as lifting. Treatment to date includes left carpal tunnel release, left middle finger trigger release, left thumb trigger finger release in 10/2012, right shoulder arthroscopy with subacromial decompression on 06/10/11 with prior arthroscopy on 03/12/01, right carpal tunnel release and trigger thumb release on 02/15/11, right knee total arthroplasty on 02/27/07 with prior arthroscopy on 02/08/03, left knee total arthroplasty on 06/07/05 with prior arthroscopy on 07/09/02, right shoulder rotator cuff repair on 08/29/12. The injured worker was subsequently recommended to undergo right shoulder arthroscopy with postoperative continuous passive motion unit and cold therapy unit. The injured worker was subsequently authorized for surgical intervention as well as seven day rental of cold therapy system. The injured worker underwent right shoulder arthroscopic rotator cuff repair with complete synovectomy and chondroplasty on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CONTINUOUS PASSIVE MOTION DEVICE: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: Based on the clinical information provided, the request for one continuous passive motion device is not recommended as medically necessary. The Official Disability Guidelines note that continuous passive motion devices are not recommended for shoulder rotator cuff problems, but are recommended as an option for adhesive capsulitis. The submitted records fail to establish the presence of adhesive capsulitis. The injured worker underwent right shoulder arthroscopic rotator cuff repair with complete synovectomy and chondroplasty on 10/23/13.

ONE COLD THERAPY SYSTEM PURCHASE: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the clinical information provided, the request for one cold therapy system purchase is not recommended as medically necessary. The Official Disability Guidelines support cold therapy system for up to seven days in the postoperative period. The submitted records indicate that the injured worker was authorized for surgical intervention to the shoulder as well as seven day rental of cold therapy system. There is no clear rationale provided to support exceeding ODG recommendations.