

Case Number:	CM14-0023147		
Date Assigned:	05/14/2014	Date of Injury:	09/24/2012
Decision Date:	07/10/2014	UR Denial Date:	01/20/2014
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 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:

47 year old claimant with reported industrial injury 9/24/12. Diagnosis is of bicipital tenosynovitis, rotator cuff syndrome. Exam note 1/3/14 demonstrates continued stiffness in right shoulder without progression with physical therapy. Exam demonstrates forward flexion to 100 degrees, abduction to 90 degrees, adduction to 90 degrees, and external rotation to 10 degrees. Request authorized for right shoulder arthroscopic debridement and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP COLD THERAPY UNIT PURCHASE QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it

is recommended immediately postoperatively for upwards of 7 days. In this case the request does not specify a specific length of time requested. Therefore determination is not medically necessary and appropriate.

BEACH CHAIR QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Paxton ES, Backus J, Keener J, Brophy RH. Shoulder arthroscopy: basic principles of positioning, anesthesia, and portal anatomy. J Am Acad Orthop Surg. 2013 Jun;21(6):332-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Paxton ES, Backus J, Keener J, Brophy RH. Shoulder arthroscopy: basic principles of positioning, anesthesia, and portal anatomy. J Am Acad Orthop Surg. 2013 Jun;21(6):332-42.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM)/Official Disability Guidelines (ODG) are silent on beach chair. Beach chair is utilized routinely intra-operatively during routine shoulder arthroscopy. The use of beach chair is not justified by the peer-reviewed literature and is not medically necessary and appropriate.