

Case Number:	CM14-0025359		
Date Assigned:	06/13/2014	Date of Injury:	11/29/2012
Decision Date:	09/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 48-year-old female who was injured on November 27, 2012. The clinical records provided for review included a Utilization Review of February 5, 2014 recommending a right shoulder arthroscopy, subacromial decompression and rotator cuff repair. Also recommended by the Utilization Review on that date were twelve sessions of physical therapy. There are also perioperative requests in relationship to the approved surgical process to include the purchase of a polar care unit, the purchase of an abduction sling, and a 21 day rental of a CPM device. The report of a preoperative MRI scan demonstrated partial thickness rotator cuff pathology, but no indication of full thickness rotator cuff tearing or retraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In

the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbahr, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the purchase of a polar care unit would not be indicated. The ACOEM Guidelines recommend the use of cold therapy in the acute clinical inflammatory setting. The Official Disability Guidelines recommend the use of these devices following surgery for up to seven days in the home setting. The request for purchase of the device exceeds the guidelines recommendation. Therefore it is not medically necessary.

ABDUCTION SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES - POSTSURGICAL TREATMENT GUIDELINES: SHOULDER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

Decision rationale: The California ACOEM Guidelines support the use of a sluing for acute rotator cuff tears. The Official Disability Guideline, recommend the use of an abduction sling only for a large or massive rotator cuff repair procedure. This individual's preoperative imaging includes partial thickness tearing to the rotator cuff which in and of itself would not support an abduction sling. The request is not medically necessary.

CPM X 21 DAYS RENTAL: 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) KNEE CHAPTER.

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) Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. See the Knee Chapter for more information

on continuous passive motion devices. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tears is limited and inconclusive. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. (Seida, 2010) Adhesive capsulitis: According to this RCT, CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 h once a day for 20 days during a period of 4 weeks. The PT group had a daily physical therapy treatment including active stretching and pendulum exercises for 1 h once a day for 20 days during a period of 4 weeks. All patients in both groups were also instructed in a standardized home exercise program consisting of passive range of motion and pendulum exercises to be performed every day. In both groups, statistically significant improvements were detected in all outcome measures compared with baseline. Pain reduction, however, evaluated with respect to pain at rest, at movement and at night was better in CPM group. In addition the CPM group showed better shoulder pain index scores than the PT group. (Dundar, 2009) Because adhesive capsulitis involves fibrotic changes to the capsuloligamentous structures, continuous passive motion or dynamic splinting are thought to help elongate collagen fibers. (Page, 2010).

Decision rationale: The 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 device for 21 days in the setting of shoulder surgery. Following shoulder arthroscopy, decompression or rotator cuff repair there is currently no indication for use of CPM device per ODG Guideline criteria. Therefore, the request is not medically necessary.