

Case Number:	CM14-0027487		
Date Assigned:	06/13/2014	Date of Injury:	08/28/2013
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 patient is a 66-year-old male linen cart worker who sustained an industrial injury on 8/28/13. Injury occurred when he tripped on a rubber block and fell onto his right shoulder and hip. The 11/8/13 right shoulder MRI impression documented a large rotator cuff tear including the supraspinatus and infraspinatus tendons with marked retraction, and partial tear of the subscapularis tendon. The 1/15/14 treating physician report cited persistent right shoulder pain aggravated with lifting, reaching, and pushing activities. Right shoulder exam documented no muscle atrophy, abduction/forward flexion to 90 degrees, positive impingement testing, acromioclavicular joint tenderness, and abduction and external rotation weakness. The diagnosis was symptomatic right shoulder massive rotator cuff tear. The patient had failed comprehensive conservative treatment. He underwent right shoulder arthroscopic repair of a massive rotator cuff tear, acromioplasty, debridement, and distal clavicle resection on 1/29/14. The 2/14/14 utilization review denied the post-operative requests for CPM pad kit, VascuTherm rental for 4 weeks, shoulder garment, and shoulder CPM unit rental for 4 weeks given the failure to meet guideline indications for use of these devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) pad kit: 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).

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 passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) in chronic shoulder conditions. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. In this case, there is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. As the use of a CPM unit is not supported, the request for continuous passive motion (CPM) pad kit is not medically necessary and appropriate.

Vascutherm 4 rental for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold compression therapy.

Decision rationale: The California MTUS is silent regarding cold compression devices. The Official Disability Guidelines state that cold compression therapy is not recommended in the shoulder. Guidelines generally support the use of continuous flow cryotherapy up to 7 days following shoulder surgery. Guidelines state that there has been a randomized controlled trial since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device, and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Therefore, the request for VascuTherm 4 rental for 4 weeks is not medically necessary and appropriate.

Shoulder Garment: 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).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Shoulder continuous passive motion (CPM) rental for 4 weeks: 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).

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 passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) in chronic shoulder conditions. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. In this case, there is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, the request for shoulder continuous passive motion (CPM) rental for 4 weeks is not medically necessary and appropriate.