

<b>Case Number:</b>	CM14-0034936		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/05/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Pennsylvania. 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 54-year-old female who was injured on 05/05/06. The requests for this review pertain to postoperative use of devices following a shoulder arthroscopy and rotator cuff surgical process. The records provided for review document that the surgery has been certified. There is a current request for 90 day use of a postoperative Surgi Stim device, 90 day use of a cryotherapy device and 45 days use of a CPM device in the postoperative setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coolcare cold therapy unit X 90 days:** 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:** 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 (eg, 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) (Osbaahr, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

**Decision rationale:** The MTUS/ACOEM Guidelines support the use of cold applications in the home setting to treat discomfort. While the Official Disability Guidelines recommend the use of cryotherapy in the postoperative setting, it is only supported for up to 7 days including home use. This request is for 90 days use of the cryotherapy device and exceeds the recommended guidelines and cannot be supported. Therefore, the request for Coolcare cold therapy unit for 90 days is not medically necessary and appropriate.

**Surgi-Stim x 90 days:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the use of a surgical stim unit. The Chronic Pain Guidelines state that surgical stim units are not recommended for isolated intervention in the postoperative setting. In this case, there is specifically no indication for use for up to 90 days. Therefore, the request for Surgi-Stim for 90 days is not medically necessary and appropriate.

**Rental: continious passive motion x 45 days:** 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) 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 address a CPM unit. Based on the Official Disability Guidelines, the request for a continuous passive motion device would not be indicated. According to the Official Disability Guidelines, following shoulder arthroscopy and rotator cuff procedures there is currently no scientific literature to support the benefit for use of a continuous passive motion in the postoperative setting. Therefore, the request for use of the above device for a 45 day period of time is not medically necessary and appropriate.