

Case Number:	CM14-0038646		
Date Assigned:	06/27/2014	Date of Injury:	04/30/2006
Decision Date:	08/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine, 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 was injured on 03/30/06. Four postoperative appointments with fluoroscopy and a game ready rental are under review. Four follow up appointments but only one fluoroscopy were granted. Cold therapy was recommended for 7 days. The reviewer modified this from 2 weeks rental. The claimant was approved for a right reverse total shoulder replacement and multiple medications. He was also granted for 12 sessions of postop PT. It is not clear why multiple fluoroscopies would be necessary. The guidelines allow up to 7 days of cold therapy following surgery. He underwent surgery on 04/08/14. [REDACTED] saw him in follow-up on 05/14/14. He was doing very well and had no pain. He was getting some home care. Fluoroscan imaging of the shoulder was done and the prosthesis was in good position. Everything looked fine. Outpatient therapy was recommended. He underwent surgery on 04/08/14. He attended postop physical therapy and appeared to be doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) post - operative appointments with global period with fluoroscopy: 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, Game Ready device.

Decision rationale: The history and documentation do not objectively support the request for 4 postoperative appointments with global period with fluoroscopy. A guideline for postoperative follow up using fluoroscopy following reverse shoulder arthroplasty was not identified. However, it is not clear why repeat fluoroscopy would be needed. Any recommendations for studies should be based on symptoms and findings on physical examination or plain x-rays and progress that has been made or lack thereof. The claimant appeared to be doing well and was attending PT with no identified problems. The medical necessity of this request for office follow up with repeat fluoroscopies has not been clearly demonstrated. Therefore, the request is not medically necessary.

Game Ready rental; two (2) 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), Shoulder Chapter/ Cold Compression Therapy.

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: The history and documentation do not objectively support the request for rental of a Game Ready device for 2 weeks. The Official Disability Guidelines state this type of device is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. See the Game Ready accelerated recovery system in the Knee Chapter (recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. In this case, it is not clear how this type of unit is likely to be more beneficial than simple cold packs. The medical necessity of this request for a Game Ready device following reverse shoulder arthroplasty has not been clearly demonstrated. Therefore, the request is not medically necessary.