

Case Number:	CM14-0040086		
Date Assigned:	06/27/2014	Date of Injury:	05/11/2012
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 53 year-old with a date of injury of 05/11/12. Extensive records were submitted, but almost related to care after the date of services in question. An operative report dated 05/16/13 noted a left arthroscopic subacromial decompression. Treatment has included acupuncture and chiropractic therapy. He also had arthroscopic surgery of the shoulder on 09/19/13. A Utilization Review determination was rendered on 03/07/14 recommending not medically necessary of "A purchase of a cold therapy unit; Lumbar home exercise kit; 28 day rental of a CPM unit; Retrospective request (DOS: 5/14/13) for CPM disposable pad; and Retrospective request (DOS: 5/30/13) for CPM disposable pad".

IMR ISSUES, DECISIONS AND RATIONALES

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

A purchase of a cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: continuous flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid exercises are optional. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days, including home use. The Guidelines recommend continuous-flow cryotherapy postoperatively for up to 7 days. In this case, the request is to purchase a cryotherapy unit, which is unnecessary for short-term use. Likewise, the date that the service was required was not listed and therefore could not be correlated with any other specific care. Therefore, the record does not document the medical necessity for a cold therapy unit.

Lumbar home exercise 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, Compression garments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exercise; Low Back, Exercise; Low Back, Gym Memberships.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends exercise for chronic pain conditions. It further states that low-stress aerobic exercise is recommended with low back pain. There is insufficient evidence to support one exercise regimen over another. They note that physical conditioning in chronic pain patients can have immediate and long-term benefits. The Official Disability Guidelines (ODG) related to the low back notes that patients that use resistance training such as dumbbells, barbells, and other load-bearing exercise equipment have a significantly higher rate of improvement in pain and function levels than those using aerobic training (jogging, treadmill, elliptical). However, they note that advanced home exercise equipment are not recommended as they lack monitoring and administration by a medical professional. In this case, the record does not outline the lumbar pathology or goals of therapy. Therefore, the record does not support the medical necessity for a lumbar home exercise kit.

28 day rental of a CPM 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): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Passive Motion.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that passive modalities are not recommended for the shoulder. The Official Disability Guidelines (ODG) state that continuous passive motion is not recommended after shoulder surgery for rotator cuff

tears. Therefore, there is no documentation for the medical necessity of a continuous passive motion device.

Retrospective request (DOS: 5/14/13) for CPM disposable pad: 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): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Passive Motion.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that passive modalities are not recommended for the shoulder. The Official Disability Guidelines (ODG) state that continuous passive motion is not recommended after shoulder surgery for rotator cuff tears. Therefore, there is no documentation for the medical necessity of a continuous passive motion device and therefore for a CPM disposable pad.

Retrospective request (DOS: 5/30/13) for CPM disposable pad: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Passive Motion.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that passive modalities are not recommended for the shoulder. The Official Disability Guidelines (ODG) state that continuous passive motion is not recommended after shoulder surgery for rotator cuff tears. Therefore, there is no documentation for the medical necessity of a continuous passive motion device and therefore for a CPM disposable pad.