

Case Number:	CM14-0041200		
Date Assigned:	06/30/2014	Date of Injury:	12/20/2013
Decision Date:	09/11/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 27-year-old female with a date of injury of 12/20/2013. The listed diagnoses per [REDACTED] are left shoulder pain and left shoulder SLAP tear. According to progress report 03/10/2014, patient presents with left shoulder pain that is described as sharp and severe. It is worse if she lifts her arm away from her body or overhead. Examination of the left shoulder revealed hyperabduction and markedly positive sulcus sign that persists in the external rotation, equivalent to the opposite side, all consistent with an underlying MDI. She has positive posterior load and shift test as well. She has grind and pop likely in the posterior superior glenoid. Grind sign and Yergason's sign are both positive. Provider states X-rays and MR arthrogram were reviewed which revealed normal results. The only abnormality would be the excessive capsular redundancy consistent with MDI that is noted on the arthrogram. "Her diagnosis is an acute posterior-superior labral anterior-posterior tear with associated glenoid labral articular disruption lesion. She has underlying multidirectional instability." Given she has failed a long course of conservative care, provider would like to recommend a left shoulder arthroscopy, 24 sessions of postoperative physical therapy, and purchase of water circulating cold pad with pump. Utilization review denied the request on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulating cold pad with pump (purchase of a cold therapy unit, left shoulder):
Upheld

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

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

Decision rationale: The patient presents with pain in the anterior and lateral shoulder. Provider states the patient has failed a long conservative care treatment and is requesting left shoulder arthroscopy SLAP repair and postoperative purchase of a cold therapy unit. Utilization review modified the certification to a 7-day rental of cold therapy unit following the left shoulder arthroscopy SLAP repair. The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated". The MTUS Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, request for authorization from 03/13/2014 requests "Cold Therapy Unit for purchase." The use of the Cold Therapy Unit outside of the postoperative 7 days is not medically necessary .

physical medicine procedure (24 sessions of post op physical therapy 2x12, left shoulder):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical) Page(s): 26-27.

Decision rationale: The patient presents with pain in the anterior and lateral shoulder. The provider is requesting 24 Postoperative Physical Therapy sessions following the left shoulder SLAP repair. Utilization review modified the certification from the requested 24 sessions to 12 sessions. MTUS Postsurgical Guidelines pages 26 and 27 recommend 24 visits over 14 weeks for arthroscopic surgery. In this case, the requested 24 postop sessions is within the guidelines therefore the request is medically necessary.

