

<b>Case Number:</b>	CM14-0059415		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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:

This is a 68 year old male equipment maintenance worker who sustained a vocational injury on 04/08/10. A previous utilization review determination from 04/01/14 certified a left shoulder reverse shoulder arthroplasty with internal consultation for preoperative medical clearance and an inpatient stay of two days. There are no postoperative progress notes available for review. This review is for multiple postoperative requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Sling with Abduction pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter Postoperative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Postoperative abduction pillow sling.

**Decision rationale:** The ACOEM Guidelines recommend the use of a sling following rotator cuff repair for a few days but do not support prolonged use of a sling for the shoulder. The Official Disability Guidelines support a postoperative abduction pillow sling in the setting following open repair of large and massive rotator cuff tears. Documentation suggests that the claimant has been certified for a reverse total shoulder arthroplasty and it is not clear why a standard postoperative sling would not be sufficient for the patient's postoperative care. Currently, the claimant does not meet ACOEM and Official Disability Guidelines for postoperative shoulder sling with an abduction pillow and subsequently the request cannot be considered medically necessary.

**Post Operative therapy twenty sessions, twice a week for 10 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9).

**Decision rationale:** The MTUS Postsurgical Guidelines recommend up to 24 visits of physical therapy over a ten week period following this surgery. The previous utilization review determination fails to establish if the claimant did indeed proceed with the left total shoulder reverse arthroplasty and if so has attended any postop physical therapy to this point. Quantification of physical therapy to this point would be medically necessary in order to determine an appropriate amount of physical therapy to authorize. Documentation also fails to establish that if the claimant is currently in physical therapy if any functional progress has been made in regards to reduction of subjective complaints and increase in overall function. Therefore, based on the documentation presented for review and in accordance with the MTUS Guidelines, the request is not medically necessary and appropriate.

**Thermacooler rental for four 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 Shoulder Chapter Continues 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 chapter: Continuous-flow cryotherapy.

**Decision rationale:** The ACOEM Guidelines support the use of cryotherapy as an option for control of pain and swelling. The Official Disability Guidelines does support continuous cryotherapy for up to seven days including home use in the postoperative setting and the current request for four weeks far exceeds the recommended use and subsequently cannot be considered medically necessary.

**Continuous Passive motion machine rental for four 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 Shoulder and Knee Chapters - Continuous passive motion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Continuous passive motion (CPM).

**Decision rationale:** The Official Disability Guidelines do not support continuous passive motion in the setting of arthroplasty for the shoulder. Official Disability Guidelines only support continuous passive motion machines for up to four weeks in the isolated setting of adhesive capsulitis. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the continuous passive motion machine rental x four weeks cannot be considered medically necessary.

