

Case Number:	CM14-0060385		
Date Assigned:	07/09/2014	Date of Injury:	10/19/2012
Decision Date:	09/17/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 Indiana. 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 49-year-old Hispanic female with a history of left shoulder injury sustained on 10/19/12. The claimant also has neck and lower back pain. An MRI of the cervical spine and lumbar spine reveal multi-level disc herniation. An MRI of the left shoulder dated 12/17/12 reveals ac joint OA causing subacromial impingement with capsular and surrounding soft tissue edema at the ac joint, mild subacromial/subdeltoid bursitis, tendinosis of the rotator cuff tendons with mild bursal fraying of the supraspinatus without full thickness tear, retraction or atrophy; tendinosis and probable partial tear of the long head of the biceps tendon; cyst in the inferior aspect of the glenoid with degenerative inferior labral tear; small focal cartilage defect in the inferior glenoid; with degenerative changes and degenerative tear in the superior labrum. On a physical exam dated 3/19/14, the claimant had ongoing shoulder complaints with a positive Neer's and Hawkin's tests, tenderness over the greater tuberosity and ac joint, positive ac joint compression test, with limited ROM of 90 degrees of abduction, 90 degrees of forward flexion, 60 degrees of internal rotation, and 20 degrees of external rotation despite conservative treatment with PT, cyclobenzaprine for muscle spasm, Diclofenac as an NSAID, tramadol for pain relief, and a request for pain management consultation. Certification for surgery has been obtained for an arthroscopic left shoulder ac joint resection, biceps tenodesis and debridement. The treating physician has also requested post-op PT 3x/week for 6 weeks for the left shoulder and a Vascutherm 4with DVT cold compression 21 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times a week for 6 weeks for the left shoulder:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: According to the ODG guidelines for the shoulder, rotator cuff syndrome/Impingement syndrome, medical treatment: 10 visits over 8 weeks, post-injection treatment: 1-2 visits over 1 week, post-surgical treatment, arthroscopic: 24 visits over 14 weeks, post-surgical treatment, open: 30 visits over 18 weeks. The CA MTUS Post-Surgical Treatment Guidelines for PT indicate, rotator cuff syndrome/Impingement syndrome criteria is, postsurgical treatment, arthroscopic: 24 visits over 14 weeks, postsurgical physical medicine treatment period: 6 months, postsurgical treatment, open: 30 visits over 18 weeks, postsurgical physical medicine treatment period: 6 months. After the arthroscopic shoulder that has been certified, up to 24 PT visits over 14 weeks are deemed medically necessary. This is also reflected in the CA MTUS post-surgical treatment guidelines for shoulder surgery. The requested PT visits 3x/week x 6 weeks, falls within these guidelines and is medically necessary.

Vascutherm 4 with DVT Cold Compression 21 Days Rental: 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) Shoulder (Acute and Chronic), Continuous-flow cryotherapy.

Decision rationale: According to the ODG guidelines for 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. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating

units with pumps have not been proven to be more effective than passive hot and cold therapy. In the post-operative setting after shoulder surgery, continuous flow cryotherapy can be recommended as an option for up to 7 days. However, "Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy." The use of the Vascutherm 4 Cold Compression Unit rental for 21 days is not medically necessary.