

<b>Case Number:</b>	CM14-0067152		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

The claimant is a 45-year-old with an industrial injury dated February 20, 2013. Exam note March 19, 2014 states the patient is status post subacromial decompression right shoulder surgery as of March 11, 2014 and was attending the post-op physical therapy sessions. The patient returns with pain in the bilateral right and left shoulder. Conservative treatments have included chiropractic, rest, activity modification, and heat. Current medications include tramadol, and celebrex. The patient lists the pain as a 4/10. He complains of numbness, and tingling. Physical exam demonstrated the patient had tenderness to his bilateral shoulders, and mild tenderness to palpation to the right acromioclavicular joint and moderate tenderness to palpation to the left acromioclavicular joint. The patient had a positive Hawkins-Kennedy test, a positive supraspinatus resistance test, a positive Codman's drop-arm test, positive apprehension test, and a positive Apley's scratch test of the left shoulder. Treatment plan includes a continuation of physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A rental of a shoulder CPM (continuous passive motion) machine with pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Continuous passive motion (CPM).

**Decision rationale:** CA MTUS/ACOEM guidelines is silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. Therefore, the request for a rental of a shoulder CPM (continuous passive motion) machine with pads is not medically necessary or appropriate.

**The purchase of a Pro sling with abduction pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, abduction pillow.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of abduction pillow. According to the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. Therefore, the request for purchase of a Pro sling with abduction pillow is not medically necessary or appropriate.

**The rental of a Q-Tech cold therapy recovery system with wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request for a rental of a Q-Tech cold therapy recovery system with wrap is not medically necessary or appropriate.