

Case Number:	CM14-0078203		
Date Assigned:	08/08/2014	Date of Injury:	09/01/2010
Decision Date:	09/11/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/28/2014

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 55-year-old female who injured her right shoulder in a work related accident on 09/01/10. A recent utilization review on 05/27/14 certified the request for right shoulder arthroscopy, subacromial decompression, rotator cuff debridement versus repair and Mumford procedure. This is a review for multiple perioperative requests to include an assistant surgeon, 18 sessions of physical therapy, a cryotherapy unit, electrical stimulation and abduction pillow and a postoperative CPM unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Unit:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would not support postoperative use

of CPM for the shoulder for the surgical request in question. ODG Guidelines currently do not recommend the routine use of CPM devices following shoulder surgical procedures.

Sling with Abduction Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Postoperative Abduction Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines would not support the postoperative use of an abduction pillow. Postoperative abduction pillows are recommended for larger massive rotator cuff tears according to the ODG Guidelines. This individual has a diagnosis of impingement, but no full thickness rotator cuff pathology noted. The request in this case would not be supported.

E-Stim:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the use of electrical stimulation. The timeframe for use of this device has not been established. While Chronic Pain Guidelines typically would recommend the role of TENS devices for no more than 30 days, the lack of documentation of timeframe for its use in clinical requests would fail to support its need.

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 (ODG) Shoulder Chapter, Continuous-flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: California MTUS ACOEM Guidelines supported by Official Disability Guidelines criteria would not support a cryotherapy device. The ACOEM Guidelines recommend the application of cold packs to control pain. While cryotherapy can be utilized by ODG Guidelines, it is typically done so for no more than seven days including home use. Records in this case do not indicate timeframe for use of the above device. Without documentation of timeframe for use, the request in this case would not be supported.

18 Sessions of Physical Therapy (3 x for 6 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would recommend the request for 18 sessions of physical therapy. Postsurgical Guideline criteria would support the role of up to 24 sessions of physical therapy in the postoperative setting. The request in this case would satisfy guidelines and would be indicated.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Milliman Care Guidelines would not support the use of an assistant surgeon for this surgery. At present, the use of an assistant surgeon is not supported in any arthroscopic procedure to the shoulder. The request in this case would not be indicated.