

Case Number:	CM14-0187366		
Date Assigned:	11/17/2014	Date of Injury:	05/08/2013
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 30 year old male with a date of injury of 5/8/13. The listed diagnosis is rotator cuff syndrome. This patient is status post diagnostic/operative arthroscopy, arthroscopic subacromial decompression and acromioplasty of the right shoulder on 9/19/14. According to progress report 9/30/14, the patient presents for post-operative follow up and "is doing well." He no longer takes Norco, but continues utilizing an anti-inflammatory. The provider recommends the patient now start physical rehabilitation. Examination revealed "well-healed arthroscopic portals. No signs of infection, erythema, or drainage. Sutures were taken out and steri-strips were placed." The request is for post-operative DME. The utilization review denied the request on 10/17/14. Treatment reports from 4/15/14 through 9/30/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 14-day rental of VascuTherm cold compression unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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-flow cryotherapy

Decision rationale: This patient is status post right shoulder surgery on 9/19/14 and is progressing well. The current request is for DME: 14-day rental of VascuTherm cold compression unit. The MTUS and ACOEM guidelines do not specifically discuss VascuTherm units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the Shoulder chapter 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 Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the provider has recommended a 14-day rental which exceeds what is allowed by ODG. Recommendation is for denial.

DME: 14-day rental of shoulder CPM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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 devices (CPM)

Decision rationale: This patient is status post right shoulder surgery on 9/19/14 and is progressing well. The current request is for DME: 14-day rental of shoulder CPM. The ACOEM and MTUS do not discuss Continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its shoulder chapter has the following regarding continuous passive motion devices (CPM), "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." Examination following the 9/19/14 surgery did not document adhesive capsulitis, for which CPM devices are indicated for. In this case, the patient does not meet the criteria provided by ODG for the use of a CPM device and there is no discussion regarding the medical necessity for its use. Recommendation is for denial.

Purchase of compression therapy wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure summary

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, compression garments

Decision rationale: This patient is status post right shoulder surgery on 9/19/14 and is progressing well. The current request is for Purchase of compression therapy wrap. The ODG-

TWC under the shoulder chapter states for compression garments "Not generally recommended in the shoulder." ODG does not recommend compression wraps for the shoulder and the treating physician has not provided any medical rationale to explain why this therapy wrap is indicated for this patient; therefore recommendation cannot be made. Recommendation is for denial.

Purchase of sheepskin pad: 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, Shoulder Procedure Summary

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, compression garments

Decision rationale: This patient is status post right shoulder surgery on 9/19/14 and is progressing well. The current request is for Purchase of sheepskin pad. The provider does not provide any discussion regarding this request. The request appears to be a supply that is to be used concurrently with the requested Compression wrap. The ODG-TWC under the shoulder chapter states for compression garments "Not generally recommended in the shoulder." In this case, the compression garment is not supported for shoulder use and therefore the requested sheepskin pad is not medically necessary. Recommendation is for denial.