MAXIMUS Federal Services

Case Number:	CM14-0191938		
Date Assigned:	11/25/2014	Date of Injury:	10/01/2007
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 42 year old male with date of injury 10/1/07. The treating physician report dated 10/6/14 indicates that the patient presents with pain affecting his left shoulder. The physical examination findings reveal range of motion forward flexion- 140 degrees and abduction- 100 degrees. Prior treatment history includes lumbar fusion L3-4 & L4-5 (4/2/10), hardware removal L4-5 & L5-S1 (1/20/12), 3 shoulder surgeries, rotator cuff repair, injections, physical therapy, and medication. The patient rates their pain as 4-8/10. An MRI finding reveals moderate arthrosis of the acromloclavicular joint and posterior subluxation of the glenchumeral joint. The current diagnosis is left shoulder significant wear of the articular surface. The utilization review report dated 10/23/14 modified the request for Therma cooler rental x 4 weeks to Therma cooler rental x 1 week based on cryotherapy being recommended after surgery. The utilization review report dated 10/23/14 denied continuous passive motion (CPM) rental x 6 based on not being recommended for rotator cuff problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) rental x 6 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 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, Continuous passive motion (CPM)

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for continuous passive motion (CPM) rental x 6 weeks. The treating physician states "Rental for 6 weeks to help regain and preserve ROM after surgery." The ODG guidelines regarding CPM state "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis." In this case the treating physician is preparing for left shoulder total arthroplasty and this patient does not have adhesive capsulitis and the ODG states that CPM is not recommended after surgery or for non-surgical treatment. The request is not medically necessary.

Therma cooler rental x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for Therma cooler rental x 4 weeks. The treating physician states "Therma cooler rental for 4 weeks to help with the swelling and pain after surgery." The ODG guidelines state "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use." In this case the treating physician has indicated in the 10/6/14 report that the patient requires a total left shoulder arthroplasty and request is made for post-surgical usage of a Therma cooler rental for 4 weeks. The ODG guidelines only recommend continuous cold therapy to be used for 7 days post-surgically. The current request is not medically necessary.