

Case Number:	CM14-0196431		
Date Assigned:	12/03/2014	Date of Injury:	05/30/2012
Decision Date:	01/31/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 Minnesota. 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 injured worker is a 37-year-old male. AME report dated October 13, 2014 indicates prior conservative treatment for the right shoulder with short-term relief in the year 2012. A right shoulder arthroscopy was performed on 10/4/2013. The findings included rotator cuff tendinitis and partial thickness tear, labral tear, glenohumeral synovitis and chondromalacia, acromioclavicular arthritis. The procedure included arthroscopy, subacromial decompression and acromioplasty, bursectomy, chondroplasty, debridement of labrum, debridement of partial-thickness rotator cuff tear, and distal clavicle resection. Postoperatively he continued to experience pain and stiffness in the shoulder and did not do well with physical therapy. The diagnosis included adhesive capsulitis. An MR arthrogram was advised. The report is not currently available. A repeat arthroscopy was performed on 9/19/2014. The procedure consisted of revision subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy and excision of subacromial scar tissue, distal clavicle resection (Mumford procedure), and lysis of subacromial bursal adhesions. Postoperatively 12 visits of physical therapy were approved. The disputed issues pertain to ancillary services including rental of vasotherm cold compression device for 14 days, compression therapy wrap purchase, 14 day rental of shoulder CPM and sheepskin purchase. Utilization review noncertified the 14 day rental of shoulder CPM and sheepskin pad purchase, and modified the cold therapy unit to a 7 day rental citing ODG guidelines. This has been appealed to IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Vascutherm Cold Compression 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC 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) Section: Shoulder, Topic: Cold compression therapy

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines were therefore used. The guidelines do not recommend cold compression therapy in the shoulder as there are no published studies. However, continuous-flow cryotherapy is recommended for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics postoperatively. Deep vein thrombosis is extremely rare after shoulder arthroscopy and so compression garments are not generally recommended. Continuous-flow cryotherapy was certified by utilization review for 7 days. The Vascutherm cold compression rental for 14 days is not supported by guidelines and as such the medical necessity is not established. The request is not medically necessary.

Compression therapy wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC 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) Section: Shoulder, Topic: Cold compression; compression garments.

Decision rationale: California MTUS guidelines do not address this topic. ODG guidelines indicate compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery but they are rare following upper extremity surgery, especially shoulder arthroscopy. Therefore the use of cold compression or compression garments is generally not recommended. The request is not medically necessary.

14 days rental of Shoulder CPM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary, Blue Cross of California Medical Policy # DME>00019

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

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines are therefore used. Continuous passive motion is not recommended for shoulder rotator cuff problems but is recommended as an option for adhesive capsulitis. The documentation indicates that the shoulder became stiff after the previous surgery and there was difficulty regaining full motion. The preoperative notes document the presence of adhesive capsulitis after the previous surgery. Per ODG, continuous passive motion resulted in some improvement in pain and shoulder scores compared to just physical therapy and a home exercise program in the 2 groups studied. Therefore the use of a CPM machine was an option. The request as stated for 2 weeks rental was appropriate and supported by guidelines. As such, the medical necessity of the request is substantiated. Therefore the request is medically necessary.

Sheepskin pad purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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) Section: Shoulder, Topic: Continuous passive motion.

Decision rationale: ODG guidelines indicate continuous passive motion is recommended as an option after surgery for adhesive capsulitis. The documentation indicates a diagnosis of adhesive capsulitis after the previous surgery. Therefore the purchase of the sheepskin pad for the continuous passive motion machine was appropriate and is medically necessary.