

Case Number:	CM14-0203612		
Date Assigned:	12/16/2014	Date of Injury:	05/13/2007
Decision Date:	03/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year-old male, who was injured on May 13, 2007, while performing regular work duties. An evaluation on October 9, 2014, indicates the injured worker has undergone multiple surgeries, including three left shoulder surgeries. Physical findings are slight tenderness, mild weakness with external rotation, positive impingement test, especially crank sign, O'Brien's test, and cross arm adduction. On November 14, 2014, Utilization Review provided certification of a left shoulder arthroscopy rotator cuff repair, subacromial decompression, possible biceps release with subpectoral tenodesis, and a shoulder sling. The request for authorization is for the purchase of a cold therapy unit, and post-operative physical therapy two (2) times weekly for twelve (12) weeks. The primary diagnosis is cervicgia. On November 14, 2014, Utilization Review provided a modified certification for seven (7) days of rental for a cold therapy unit; and modified certification for post-operative physical therapy two (2) times weekly for six (6) weeks, based on MTUS, Chronic Pain Medical Treatment, ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Purchase of cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter

Decision rationale: The patient had arthroscopic shoulder surgery. At issue is whether a cold therapy unit should be purchased postop. ODG Guidelines recommend only 7 days of cold therapy after shoulder surgery. Cold therapy can also be effectively achieved with ice packs. Purchase of a cold therapy unit not needed as the cold therapy is only recommended for 7 days. The patient can use ice packs or a rental for 7 days may be attempted. However, formal purchase of the unit is not needed.

Associated surgical service: Post-operative physical therapy 2Wk x 12 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page 26.

Decision rationale: MTUS guidelines recommend an initial trial of postop PT with documented improvement prior to continuing postop PT. 24 visits as requested is excessive without initial documented improvement from postop PT. There should be an initial short course of postop PT with documented improvement prior to additional PT visits. All 24 units are not supported by guidelines.