

Case Number:	CM15-0146961		
Date Assigned:	08/07/2015	Date of Injury:	11/26/2014
Decision Date:	09/25/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: Minnesota, Florida
 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 65 year old who sustained an industrial injury on November 26, 2014. The worker was employed as a sales person. The accident was described as while working a construction site he slipped and fell onto his left arm injury his arm and ankle. He sates having felt a "tearing" sensation with immediate onset of pain. The supporting documentation showed failed conservative treatment measures. A recent orthopedic comprehensive evaluation dated May 27, 2015 reported chief subjective complaint of left shoulder pain. The following diagnoses were applied: symptomatic traumatic rotator cuff tear and impingement syndrome with loss of shoulder motion and inability to actively elevate the shoulder overhead. The plan of care noted recommendation to perform surgery in the form of arthroscopic rotator cuff repair acromioplasty and distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery for 7 days. It reduces swelling, inflammation, pain, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a cold therapy unit and does not specify if it is for purchase or rental. Furthermore, it does not specify the duration of the rental. As such, the medical necessity of the request cannot be determined.

Shoulder Continuous passive motion (CPM): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous Passive Motion.

Decision rationale: ODG guidelines do not recommend continuous passive motion after rotator cuff surgery. The documentation provided does not indicate the presence of adhesive capsulitis or some other indication for the continuous passive motion. As such, the request for continuous passive motion after shoulder surgery is not supported and the medical necessity of the request has not been substantiated.