

Case Number:	CM15-0160142		
Date Assigned:	08/27/2015	Date of Injury:	11/09/2011
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Oregon, 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 45 year old male, who sustained an industrial injury on 11-09-2011 resulting in a traumatic brain injury and injury to the left shoulder. A review of the medical records indicates that the injured worker is undergoing treatment for a traumatic brain injury, left shoulder rotator cuff tear, headaches, amnesia, depression, anxiety, and insomnia. Medical records (01-23-2015) indicate ongoing left shoulder pain since 2011 despite conservative therapies. It was noted that surgical repair of the left shoulder had been delayed due to treatment for the post-traumatic brain injury. Records also indicate no changes in function or activities of daily living. Per the treating physician's progress report, the injured worker has not returned to work. The pre-operative orthopedic exam of the left shoulder was not available for review. Relevant treatments have included physical therapy without benefit, and medications. The injured worker underwent a left shoulder diagnostic arthroscopy with decompression acromioplasty, resections of the coracoacromial ligament with extensive subacromial and subdeltoid bursectomy, arthroscopic Mumford distal clavicle resection with debridement of a partial undersurface rotator cuff tear left shoulder with intra-articular debridement of a labral tear anterior and superior left shoulder with glenohumeral synovectomy and debridement on 06-26-2015. There were no complications or drains left in place. The medical records included a MRI of the left shoulder (2015) showing a full thickness tear of the posterior supraspinatus tendon and anterior fibers of the infraspinatus tendon. The request for authorization for the following durable medical equipment was also not available for review: CPM (Continuous Passive Motion) unit with soft goods set up, rental for 21 days (dates of service: 07-02-15 through 07-23-2015), and a

Donjoy Iceman Clearcube for the left shoulder (delivered on 07-02-2015). The original utilization review (08-04-2015) denied the retrospective request for shoulder CPM unit with soft goods set up, rental for 21 days (dates of service: 07-02-15 through 07-23-2015) due to the lack of effectiveness for post-surgery rotator cuff tears. The original utilization review (08-04-2015) also denied the retrospective request for Donjoy Iceman Clearcube for the left shoulder (delivered on 07-02-2015) due to the lack of clear rationale for the purchase of this durable medical equipment versus a 7 day rental (guidelines recommendation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for shoulder CPM (Continuous Passive Motion) with soft goods set up, rental for 21 days, dates of service: 7/2/15 through 7/23/2015: 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), Treatment Index, 13th Edition (web), 2015, Shoulder (Acute & Chronic) Continuous Passive Motion (CPM).

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 (CPM).

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the cited records, the determination is for non-certification and therefore is not medically necessary.

Retrospective request for Donjoy Iceman Clearcube for the left shoulder, delivered on 7/2/2015: 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), Treatment Index, 13th Edition (web), 2015, Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is for non-certification and therefore is not medically necessary.