

Case Number:	CM15-0164098		
Date Assigned:	09/01/2015	Date of Injury:	12/05/2013
Decision Date:	10/20/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 12-5-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder continuous trauma, stress-strain injury and left shoulder impingement syndrome. Treatment to date has included physical therapy, cortisone injections, shoulder surgery and medication management. In a progress note dated 6-26-2015, the injured worker complains of left shoulder pain. Physical examination showed left shoulder tenderness and decreased range of motion. There is a pending left shoulder arthroscopic surgery with subacromial decompression and distal clavicular resection. The treating physician is requesting Continuous passive motion (CPM) device rental for 45 days, Cool-care cold therapy unit rental - 90 days, Abduction pillow for support purchase, Surgi-stim unit rental 90 days and Post-operative rehabilitative therapy for the left shoulder (3 times per week for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) device rental for 45 days: 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.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

Decision rationale: The CA MTUS did not address the use of Continuous Passive Motion (CPM) after arthroscopic shoulder surgery. The ODG guidelines recommend that CPM can be utilized in the post operative period following extensive open shoulder surgery. The guidelines noted that there is no data to support the beneficial effect of CPM after 7 days following shoulder surgery. The records indicate that the patient was scheduled for limited arthroscopic shoulder surgery. The clinical and radiological findings did not show that the patient would undergo an extensive left shoulder surgery. The request for Continuous passive motion (CPM) device rental for 45 days is not medically necessary.

Coolcare cold therapy unit rental - 90 days: 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.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Cold Therapy.

Decision rationale: The CA MTUS did not address the use of Coolcare cold therapy after arthroscopic shoulder surgery. The ODG guidelines recommend that Cold therapy can be utilized after injury and in the post operative period following extensive open shoulder surgery. The guidelines noted that there is no data to support the beneficial effect of Cold therapy after 7 days following injury or surgery. The records indicate that the patient was scheduled for limited arthroscopic shoulder surgery. The clinical and radiological findings did not show that the patient would undergo an extensive left shoulder surgery. There is no data to support utilization of Cold therapy for 90 days. The request for Coolcare cold therapy unit rental - 90 days is not medically necessary.

Abduction pillow for support, purchase: 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.

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

Decision rationale: The CA MTUS did not address the use of Pillows after arthroscopic shoulder surgery. The ODG guidelines recommend that Abduction Pillow can be utilized in the post operative period following extensive open shoulder surgery. The guidelines noted that there is no data to support the beneficial effect of Abduction pillow after 7 days following acute

injury or surgery. The records indicate that the patient was scheduled for limited arthroscopic shoulder surgery. The clinical and radiological findings did not show that the patient would undergo an extensive left shoulder surgery. The request for Abduction pillow for support, purchase is not medically necessary.

Surgi-stim unit rental 90 days: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Surgical Stimulation units.

Decision rationale: The CA MTUS did not address the use of Surgi-stim unit after arthroscopic joint surgery. The ODG guidelines recommend that Surgical Stimulation units can be utilized in the immediate post operative period following extensive open major joint surgery. The guidelines noted that there is no data to support the beneficial effect of Surgical stimulation unit after 7 days following surgery. The records indicate that the patient was scheduled for limited arthroscopic shoulder surgery. The clinical and radiological findings did not show that the patient would undergo an extensive left shoulder surgery. The request for Surgi-stim unit rental 90 days is not medically necessary.

Post-operative rehabilitative therapy for the left shoulder (3 times per week for 4 weeks):
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Physical and Rehabilitation Therapy.

Decision rationale: The CA MTUS addressed the use of post-operative rehabilitation after major joint surgery such as arthroscopic shoulder surgery. The ODG guidelines recommend the post operative rehabilitation can be utilized in the post operative period following extensive open shoulder surgery. The guidelines noted that post operative physical therapy can result decreased pain, improvement in range of motion and deduction in post surgery complications or disability. The records indicate that the patient was scheduled for arthroscopic shoulder surgery. The clinical and radiological findings did show that the patient had pre operative limitation in range of motion and function of the left shoulder. The request for post-operative rehabilitation therapy of the left shoulder 3 times a week for 4 weeks is medically necessary.