

Case Number:	CM15-0182157		
Date Assigned:	09/23/2015	Date of Injury:	09/16/2013
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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 54-year-old female, who sustained an industrial injury on 9-16-13. Many of the medical records are difficult to decipher. The injured worker was diagnosed as having left shoulder impingement syndrome. Treatment to date has included left shoulder arthroscopy with subacromial decompression and Mumford procedure, physical therapy, and home exercise. Physical examination findings on 9-4-15 included left shoulder swelling with ecchymosis. Currently, the injured worker complains of left shoulder pain. On 8-26-15, the treating physician requested authorization for pneumatic intermittent compression, continuous passive motion x21 days with pads, and a cold therapy unit with pad. On 9-2-15, the requests were non-certified. Regarding intermittent pneumatic compression, the utilization review (UR) physician noted, "There were no comprehensive lower extremity examinations to demonstrate varicosities that may also increase the risk for deep vein thrombosis." Regarding continuous passive motion, the UR physician noted, "There is currently a lack of high quality evidence to support the use of continuous passive motion devices following shoulder surgery, except for adhesive capsulitis. There was no clear indication that the patient has this condition." Regarding cold therapy, the UR physician noted, "The request failed to specify the duration of use of the cold therapy unit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) Chapter, Cold compression therapy.

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

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case, there is no evidence of risk factor for DVT in the clinical records from 8/26/15. Therefore, the determination is not medically necessary for the DVT compression garments.

CPM x 21 days with pt. pads: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and 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 not medically necessary.

Cold therapy unit with pad: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. 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, 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 not medically necessary.