

Case Number:	CM15-0185617		
Date Assigned:	09/25/2015	Date of Injury:	11/14/2009
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old female, who sustained an industrial injury on 11-14-2009. The injured worker was being treated for a partial rotator cuff tear with chronic subacromial and subdeltoid bursitis, chronic impingement with acromioclavicular degeneration and arthritis of the left shoulder. On 6-9-2015, the injured worker reported achiness, discomfort, and pain of the left shoulder with muscle spasm that radiates from her arm up to her neck. The physical exam revealed forward flexion and abduction of 0 to 165 degrees, strongly positive Neer and Hawkins' impingement signs, and tenderness to palpation along the acromioclavicular joint and shoulder girdle musculature. There was a negative O'Brien's test, normal strength, and an intact neurovascular exam. On 3-26-2015, an MRI of the left shoulder revealed a focal intrasubstance tear of the supraspinatus tendon near the foot print with mild tendinosis. In addition, there was mild infraspinatus and subscapularis tendinosis without evidence of a tear. The injured worker underwent a left shoulder arthroscopy with subacromial decompression, resection of coracoacromial ligament with extensive subacromial and subdeltoid bursectomy, distal clavicle resection (Mumford Procedure), and debridement of partial bursal rotator cuff tear on 7-31-2015. Treatment has included physical and chiropractic therapy prior to surgery, a transcutaneous electrical nerve stimulation (TENS) unit, subacromial steroid injections, activity modifications, rest, ice, and medications including pain, muscle relaxant, and anti-inflammatory. On 7-31-2015, the requested treatments included 14 days of iceless cold compression therapy unit with compression pad and 21 days shoulder continuous passive motion (SCPM) with pad. On 8-18-2015, the original utilization review non-certified requests for 14 days of iceless cold

compression therapy unit with compression pad and 21 days shoulder continuous passive motion (SCPM) with pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days of iceless cold compression therapy unit with compression pad: 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), Shoulder (Acute & Chronic), 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) (1) Shoulder (Acute & Chronic), Continuous-flow cryotherapy (2) Shoulder (Acute & Chronic), Cold compression therapy.

Decision rationale: The claimant sustained a work injury in November 2009. Her injury occurred when, while working as a police officer, she was pulling a shotgun out of a vehicle and she had sharp shoulder pain. After failure of conservative treatments, underwent and arthroscopic left shoulder subacromial decompression with distal clavicle resection and debridement of a partial rotator cuff tear on 07/31/15. Being requested is authorization for postoperative cold compression therapy for 14 days and postoperative continuous passive motion for 21 days. Continuous-flow cryotherapy can be recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. Cold is believed to have therapeutic benefits including decreasing inflammation and swelling. Cold compression therapy is not recommended. A cold compression device rental for 14 days is not considered medically necessary.

21 days SCPM with pad: 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), 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 (Acute & Chronic), Continuous passive motion (CPM).

Decision rationale: The claimant sustained a work injury in November 2009. Her injury occurred when, while working as a police officer, she was pulling a shotgun out of a vehicle and she had sharp shoulder pain. After failure of conservative treatments, underwent and arthroscopic left shoulder subacromial decompression with distal clavicle resection and debridement of a partial rotator cuff tear on 07/31/15. Being requested is authorization for postoperative cold compression therapy for 14 days and postoperative continuous passive motion for 21 days. Continuous passive motion is not recommended for shoulder rotator cuff problems, but can be but recommended as an option for adhesive capsulitis. In this case, the claimant does not have adhesive capsulitis. She had a partial rotator cuff tear and her surgery was uncomplicated. The CPM unit rental was not medically necessary.

