

<b>Case Number:</b>	CM15-0187512		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/22/1993
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 56-year-old male, with a reported date of injury of 06-22-1993. The diagnoses include chronic pain syndrome, shoulder pain, status post right shoulder debridement and hardware removal, right rotator cuff impingement, and right glenohumeral osteoarthritis. Treatments and evaluation to date have included Fentanyl, Hydrocodone, physical therapy, Ambien, Cyclobenzaprine, Neurontin, Lidoderm patch, right shoulder arthroscopic extensive debridement and foreign body removal on 10-28-2014, and right shoulder rehabilitation program. The diagnostic studies to date have included an MRI of the right shoulder on 04-18-2014 which showed extensive deformity of the humeral head and glenoid bone due to long-standing degenerative change, large joint effusion with some complex material seen within the subscapularis recess, and supraspinatus tendinosis without definite evidence of tear; and a urine drug screen on 12-09-2014 which was positive for hydrocodone and hydromorphone. The progress report dated 07-09-2015 indicates that the injured worker was eight months post-operative. It was noted that he was doing well until he cleaned out his garage, which resulted in increased right shoulder pain. The injured worker wanted to plan for shoulder replacement at the end of the summer. The objective findings include symmetrical shoulders without atrophy; well-healed surgical scars on the right shoulder; right shoulder range of motion was 80 and 0 with pain and guarding; no tenderness at the right acromioclavicular joint; tenderness over the right coracoid process; tenderness at the anterior and posterior joint line; pain and weakness with abduction strength testing; and symmetrical biceps. The treating physician and injured worker discussed a right glenohumeral joint replacement. The injured worker's work status

included no repetitive use, reaching, overhead work or lifting more than ten pounds. The treating physician requested associated surgical services: 3-day inpatient hospital stay and cold therapy unit (indefinite use). On 08-24-2015, Utilization Review (UR) non-certified the request for associated surgical services: 3-day inpatient hospital stay and cold therapy unit (indefinite use).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hospital in-patient stay (3-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 (ODG), Shoulder Chapter, Length of stay.

**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, Hospital length of stay.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of hospital length of stay following a cervical fusion. According to the Official Disability Guidelines, a 2-day inpatient stay is recommended following a shoulder arthroplasty. As a request is for 3 days, the request is not medically necessary and appropriate.

#### **Cold therapy unit (indefinite use): 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 Chapter.

**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, Cold compression therapy.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of cold compression therapy. According to the Official Disability Guidelines, Cold compression therapy 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 request is not medically necessary.