

Case Number:	CM15-0188344		
Date Assigned:	09/30/2015	Date of Injury:	06/27/2009
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 61 year old male who sustained an industrial injury June 27, 2009. On August 7, 2015, he underwent a left shoulder diagnostic arthroscopy with subacromial decompression, acromioplasty, subacromial and subdeltoid bursectomy with glenohumeral synovectomy and debridement of labral tear, distal clavicle resection with Mumford procedure, and debridement of partial rotator cuff tear. Diagnosis is documented as partial rotator cuff tear, left shoulder with subacromial and subdeltoid bursitis impingement, bicipital tenosynovitis with subacromial spur formation and severe hypertrophic arthropathy and degeneration of the acromioclavicular joint with intraarticular synovitis and labral tear. At issue, is a request for authorization dated August 10, 2015, for a continuous passive motion unit, shoulder, 21 day rental and a Donjoy Iceman Clear 3. There are no associated progress notes in the medical record for the service date of August 10, 2015. According to utilization review dated September 9, 2015, the request for shoulder, soft good purchase was certified. The request for Donjoy Iceman Clear 3 was modified to Donjoy Iceman Clear 3 seven day rental. The request for CPM (continuous passive motion) unit shoulder rental x 21 days is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) unit, Shoulder, 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: 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-Continuous passive motion (CPM).

Decision rationale: CPM (continuous passive motion) unit, Shoulder, 21 day rental is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The Continuous passive motion (CPM). The ODG states that a CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The ODG does not recommend a CPM for after rotator cuff surgery. The documentation indicates that the patient had rotator cuff surgery for which this CPM is not medically necessary.

Donjoy Iceman Clear 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Heat therapy; Cold treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous-flow cryotherapy.

Decision rationale: Donjoy Iceman Clear 3 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use for this is generally may be up to 7 days, including home use. The request does not specify a 7 day limit for this product after surgery therefore this request is not medically necessary.