

<b>Case Number:</b>	CM15-0029283		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 9/29/10. The injured worker has complaints of constant sharp right shoulder pain and in the biceps areas with complaints of right sided neck pain. Right wrist X-ray 10/10/14 showed normal overall bony alignment, no fracture or dislocation, and joint spaces are well maintained; mild osteopenia is noted in the Periarticular region of the midcarpus; there was a small osteophyte that has formed on the radial aspect of the scaphoid, although joint spaces at the triscaphe joint appear to be satisfactory. Right shoulder X-ray showed that there had been biceps tenodesis that has been performed; type 1 acromion; acromioclavicular narrowing was mild and the glenohumeral space was satisfactory. The diagnoses have included Articular cartilage disorder, forearm and rotator cuff sprain and strain and adhesive capsulitis of shoulder. According to the utilization review performed on 1/17/15, the requested Purchase of polar care unit post -operatively for right wrist and right shoulder; CPM (Continuous Passive Motion) rental X14 days post-operatively for right wrist and right shoulder and Sling post-operatively for right shoulder has been non-certified. The utilization review documentation noted that the request for surgery had been non-certified therefore, this request is also non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 75, page 72, American College of Occupational and Environmental Medicine (ACOEM) , Occupational Medical Practice Guidelines, Second Edition (2004), chapter 9, pages 209-211, Chapter 11, page 270 and the Official Disability Guidelines were used in the utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of polar care unit post -operatively for right wrist and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211, 270, Chronic Pain Treatment Guidelines Page(s): 75-72. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, cryotherapy.

**Decision rationale:** Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. In this case the request is for postoperative cryotherapy. The surgery has not been authorized. Therefore, post-operative interventions are not authorized.

**CPM (Continuous Passive Motion) rental X14 days post-operatively for right wrist and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211, 270, Chronic Pain Treatment Guidelines Page(s): 75, 72. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous passive motion (CPM).

**Decision rationale:** Continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. In this case the request is for postoperative continuous passive motion. The surgery has not been authorized. Therefore postoperative interventions are not authorized.

**Sling post -operatively for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211, 270, Chronic

Pain Treatment Guidelines Page(s): 75-72. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Immobilization.

**Decision rationale:** Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". In this case the request is for postoperative shoulder sling for immobilization. The surgery has not been authorized. Therefore postoperative interventions are not authorized.