

<b>Case Number:</b>	CM15-0049391		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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  
 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 59 year old male, who sustained an industrial injury on July 3, 2014. He reported left shoulder pain and inability to move his arm. The injured worker was diagnosed as having a left shoulder massive rotator cuff tear, impingement, and acromioclavicular degenerative joint disease. A closed reduction with immobilization of a left shoulder dislocation was done on July 3, 2014. Treatment to date has included x-rays, MRI, Fluoroscans imaging, opioid and non-steroidal anti-inflammatory medications, non-steroidal anti-inflammatory injection, and an opioid injection. On August 27, 2014, the injured worker complains of constant left shoulder pain, inability to lift his left arm, no strength, and inability to use the arm for anything. The physical exam of the left shoulder revealed obvious supraspinatus atrophy, decreased range of motion, decreased rotator cuff strength, weakness with range of motion, and tenderness of the glenohumeral joint, biceps tendon, and the acromioclavicular joint. The treatment plan includes a request for a left shoulder arthroscopy with complex arthroscopic rotator cuff repairs, subacromial decompression, distal clavicle resection, and a biceps tenodesis; four post-operative appointments within global period with fluoroscopy, and a two week Game Ready rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game Ready (active compression and cold therapy unit) rental, 2 weeks, for Left Shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request of 14 days exceeds the guidelines recommendation of 7 days. Therefore, the determination is not medically necessary.

**Post operative appointments within Global Period with Fluoroscopy, Qty 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 section, Office visits.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of office visits. According to the ODG, Shoulder section, office visits, it is recommended as determined to be medically necessary. In this case postoperative appointments within the global period is standard of care. There is lack of medical necessity from the exam note from 8/27/14 why fluoroscopy is required. Therefore, the requested 4 visits with fluoroscopy is not medically necessary.