

Case Number:	CM15-0049527		
Date Assigned:	03/23/2015	Date of Injury:	10/06/2012
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	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, Hand Surgery, Sports 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 44-year-old male who sustained an industrial injury on 10/06/2012. Diagnoses include left shoulder impingement syndrome, status postindustrial left shoulder injury, and status post right knee surgery. Treatment to date has included surgery, diagnostic studies, medications, cognitive behavioral sessions, physical therapy, home exercise program, and cortisone injections. A physician progress note dated 02/02/2015 documents the injured worker has left shoulder pain, which he rates as 8 out of 10. Range of motion is limited. He has tenderness on palpation to the supraspinatus, greater tuberosity, biceps tendon and acromioclavicular joint. Muscle strength is diminished and movement is painful. There is positive AC joint compression test and impingement. The treatment plan is for arthroscopic left shoulder decompression, distal clavicle resection, rotator cuff debridement and or repair, pre-operative medical clearance, and supervised post-operative rehabilitative therapy. In addition treatment requested is for CPM Device times 45 days, Coolcare CIU purchase, and Surgi-Stim unit time 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Device times 45 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DOG-TWC, CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Guideline Title: Shoulder (acute & chronic) Bibliographic Source(s): Work Loss Data Institute. Shoulder (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12. Various.

Decision rationale: CPM use following shoulder surgery is not specifically addressed in the CA MTUS. The guideline referenced above from the National Guideline Clearinghouse considered CPM usage in this clinical situation and it was not recommended. Therefore, the request is considered to be not medically necessary and appropriate.

Coolcare CIU purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Continuous-flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. DOI: 10.1016/j.jse.2015.02.004. [Epub ahead of print]Compressive Cryotherapy versus Ice-A Prospective, Randomized Study on Postoperative Pain in Patients Undergoing Arthroscopic Rotator Cuff Repair Or Subacromial Decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2. Author information -1.Department of Orthopaedic Surgery, CU Sports Medicine, Boulder, CO, USA. Electronic address: mjk8x@virginia.edu.; 2. Department of Orthopaedic Surgery, CU Sports Medicine, Boulder, CO, USA..

Decision rationale: The CA MTUS notes that patient's at-home application of cold is as effective as application by a therapist in the acute setting. There is no evidence that commercial units are more effective than readily available materials such as a bag of ice. The recent prospective randomized study referenced above specifically compared commercial cold compression units to bags of ice in patients following shoulder surgery and concluded there was no benefit of the commercial units. Therefore the requested cold therapy unit is determined to be medically unnecessary.

Surgi-Stim unit time 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guideline Title: Shoulder (acute & chronic). Bibliographic Source(s) Work Loss Data Institute. Shoulder (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12. Various.

Decision rationale: Electrical stimulation following shoulder surgical treatment is not specifically addressed in the CA MTUS. The guideline referenced above from the National Guideline Clearinghouse considered electrical stimulation in this clinical setting and it is not recommended. Therefore, the request is considered to be not medically necessary and appropriate.