

Case Number:	CM14-0180092		
Date Assigned:	11/04/2014	Date of Injury:	02/03/2014
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 04/28/2010. The injured worker was working for [REDACTED] as a battalion chief. The injured worker had developed headache, blurred vision, chest pain radiating into the left arm, and mild dyspepsia while at work. The injured worker was taken to [REDACTED] Emergency Room and was evaluated and released. The injured worker stated that he was seen at [REDACTED] Medical Center and a CT scan of the chest was performed and he was told he had coronary artery disease. The injured worker's treatment history included medications, psychological evaluation, bilateral Lasik eye surgery, injections, CT scan, MRI studies, and physical therapy. The progress report dated 07/29/2014 noted the injured worker was scheduled to undergo right shoulder surgery on 08/15/2014. Overall, the injured worker was symptomatically unchanged. The pain keeps the injured worker up at night. Examination showed limited motion with 150 degrees of flexion and abduction. Impingement signs were positive. The provider recommends proceeding with the scheduled right shoulder diagnostic and operative arthroscopy. The claim review notes that the injured worker was approved for a right shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection, postoperative physical therapy for 12 sessions, medical clearance CBC, CMP, PT/PTT, HEP panel, HIV panel, UA, EKG, chest x-ray, compression stockings x1 pair, assistant surgeon, and sling on 02/03/2014. The surgery was performed on 08/15/2014. Request for Authorization, dated 08/15/2014, was for [REDACTED] Cold Compression rental for 14 days, compression therapy wrap, shoulder CPM, and sheepskin pad. Diagnoses included right shoulder, joint pain in shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Cold Compression Rental 14 days: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy & Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines (ODG) do recommend cold/heat packs therapy for the shoulders 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. The documents submitted for review indicated the injured worker was approved for the surgery on 02/03/2014 and had undergone surgery on 08/15/2014. However the request submitted exceeds recommended amount of time for rental per the guidelines. As such, the request for associates' surgical services: ██████████ Cold Compression Rental 14 days is not medically necessary.

Compression Therapy Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC, cold compression therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold Compression Therapy.

Decision rationale: The requested is not medically necessary. Official Disability Guidelines (ODG) does not recommend cold compression therapy in the shoulder, as there are no published studies. It may be an option for other body parts. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Per the guidelines, it is noted that continuous/flow cryotherapy is recommended as an option after surgery for 7 days to reduce pain, inflammation, swelling, and narcotic use. The guidelines do not recommend cold compression surgery in the shoulder as there are no published

studies. As such, the request for associated surgical services: Compression Therapy Wrap is not medically necessary and appropriate.

Shoulder CPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic)

Decision rationale: The requested is not medically necessary. The Official Disability Guidelines does not recommend continuous passive motion (CPM) for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. See the Knee Chapter for more information on continuous passive motion devices. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. Adhesive capsulitis: According to this RCT, CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 h once a day for 20 days during a period of 4 weeks. The PT group had a daily physical therapy treatment including active stretching and pendulum exercises for 1 h once a day for 20 days during a period of 4 weeks. All patients in both groups were also instructed in a standardized home exercise program consisting of passive range of motion and pendulum exercises to be performed every day. In both groups, statistically significant improvements were detected in all outcome measures compared with baseline. Pain reduction, however, evaluated with respect to pain at rest, at movement and at night was better in CPM group. In addition the CPM group showed better shoulder pain index scores than the PT group. Because adhesive capsulitis involves fibrotic changes to the capsuloligamentous structures, continuous passive motion or dynamic splinting are thought to help elongate collagen fibers. Per the guidelines, it is noted that CPM is not recommended for shoulder rotator cuff problems. This is recommended only in the cases of adhesive capsulitis, which the injured worker does not have prior to surgery. As the procedure performed was recommended for a rotator cuff problem, the medical necessity for CPM machine is not medically necessary. As such, the request for associates' surgical services: shoulder CPM is not medically necessary.

Sheepskin Pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Durable Medical Equipment. (DME)

Decision rationale: The requested is not medically necessary. The Official Disability Guidelines recommends generally if there is a medical need and if the device or system meets

Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. CA MTUS/ACOEM does not address sheep skin pad. As such, the request for associates' surgical services: sheepskin pad is not medically necessary.