

Case Number:	CM14-0086127		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2012
Decision Date:	11/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation 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 patient is a 58 year old male who was injured on 10/18/2012. Prior medication history included Cyclobenzaprine, Naproxen, and Tramadol. Prior treatment history has included physical therapy. Medical Records reflect the claimant underwent surgery (right shoulder arthroscopy) on 5-10-14 to the right shoulder. Progress report dated 04/30/2014 states the patient reported bilaterally shoulder pain, right greater than left. He reported intermittent aching pain in the mid back with throbbing. Objective findings on exam revealed moderate tenderness and spasms in the thoracic spine paraspinals. He has restricted range of motion and positive Apley's test. The patient was diagnosed with thoracic spine discopathy and bilateral shoulder internal derangement and was recommended for an abduction pillow with sling and shoulder CPM. Prior utilization review dated 05/14/2014 states the request for Purchase of Abduction pillow with sling; and Shoulder CPM x6 weeks rental is denied as it is not medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Abduction pillow with sling; Shoulder CPM x6 weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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 Other Medical Treatment Guideline or Medical

Evidence: <http://www.medline.com/product/Shoulder-Immobilizer-with-Abduction-Pillow/Shoulder/Z05-PF03176>

Decision rationale: While a postop sling with abduction pillow is indicated postop, ODG notes that 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. Therefore, the medical necessity of CPM x 6 weeks is not medically necessary.

Purchase of ARS hot/cold compression therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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 (ODG) shoulder chapter continuous passive motion Other Medical Treatment Guideline or Medical Evidence: <http://www.medline.com/product/Shoulder-Immobilizer-with-Abduction-Pillow/Shoulder/Z05-PF03176>

Decision rationale: ODG notes that 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 (eg, 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. There is no indication for the purchase of a permanent unit or that specialized equipment is needed to provide cold/hot therapy. Therefore, the medical necessity of this request is not established and this request is not medically necessary.

ARS PAD/WRAP; setup and delivery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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 (ODG) shoulder chapter - cold packs, continuous pflwo cryotherapy Other Medical Treatment Guideline or Medical Evidence: [http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-\(hotcold-therapy-pump\)-1181](http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-(hotcold-therapy-pump)-1181)

Decision rationale: ODG notes that cold therapy is indicated. However, there is no indication specialized equipment is needed to provide cold/hot therapy. Therefore, the medical necessity of this request is not established and this request is not medically necessary.