

Case Number:	CM15-0005852		
Date Assigned:	01/26/2015	Date of Injury:	03/30/2013
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 56 year old male who sustained an industrial injury, reported on 5/2/2005. He has reported left shoulder pain. The diagnoses have included left shoulder internal derangement, frozen shoulder; left shoulder rotator cuff tear; and left hand paresthesia and grip strength loss. Treatments to date have included consultations; diagnostic and imaging studies; left shoulder arthroscopy (12/4/2014), bursectomy, subacromial decompression and debridement of partial-thickness rotator cuff tear; and debridement of SLAP lesion physical therapy; and medication management. The status classification for this injured worker (IW) was noted to be totally temporarily disabled. Orthopedic follow up notes, dated 12/15/2014, show post-operative left shoulder pain at 6/10, following the Injured Worker paying for his own post-operative pain medication that was prescribed for 60 pills, and the Injured Worker unable to do range-of motion exercises due to severe pain on only 1 Norco each day. On 12/24/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/17/2014, for a 30 day rental of a continuous passive motion unit and a soft goods Donjoy purchase; both for the left shoulder. The Medical Treatment Utilization Schedule and ACOEM Guidelines shoulder procedure summary, and [REDACTED] Medical Policy #DME.00019, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of continuous passive motion for 30 days for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, CPM

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

Decision rationale: MTUS is silent with regards to a Continuous Passive Motion (CPM) unit. ODG states, Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. ODG further quantifies, Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (b) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight; (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Medical records do not indicate that the patient is being treated for the above mentioned conditions. The request for 30 days is in excess of the 21 day limit placed for acute hospital setting and 17 day at home setting. The treatment notes do not specify extenuating circumstances why regular physical therapy cannot be initiated or why an exception to guidelines should be granted. As such, the request for Rental of continuous passive motion for 30 days for the left shoulder is not medically necessary at this time.

Soft goods purchase Donjoy, DOS: 12/04/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Immobilization and Postoperative abduction pillow sling

Decision rationale: ODG states not recommended as a primary treatment. 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". (Rauoof, 2004) An RCT was done to ascertain whether immobilization after primary traumatic anterior dislocation of the shoulder in external rotation was more effective than immobilization in internal rotation in preventing recurrent dislocation, but it was about the same, with 37% from the external rotation group and 42% from the internal rotation group sustaining a further dislocation. Additionally, ODG states in reference to postoperative abduction pillow slings "Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs (Ticker, 2008)."The treating physician has not provided documentation as to why this specific shoulder sling is necessary and has not met the above guidelines. As such, the request for Soft goods purchase Donjoy, DOS: 12/04/14 is not medically necessary.