

Case Number:	CM15-0117160		
Date Assigned:	06/25/2015	Date of Injury:	02/03/2013
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: Preventive Medicine, Occupational 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:

This 46 year old male sustained an industrial injury to bilateral shoulders, right elbow and low back on 2/3/13. Magnetic resonance imaging right shoulder (2/25/15) showed calcific tendinosis, down-sloping acromion and focal tear of the superior labrum. Electromyography /nerve conduction velocity testing of bilateral upper extremities (3/11/15) was normal. On May 8/2015, the injured worker underwent right shoulder arthroscopy with subacromial decompression, acromioplasty, Mumford procedure, distal clavicle resection and debridement of the rotator cuff without complication. On 5/8/15, a request for authorization was submitted for durable medical equipment (DME) vascutherm cold compression 14 day rental for the right shoulder, compression therapy wrap purchase, continuous passive motion (CPM) 14 day rental and sheepskin purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) vascutherm cold compression 14 day rental for the right shoulder (DOS: 5/8/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: According to the Official Disability Guidelines, there is minimal evidence supporting the use of cold therapy except in the acute phase of an injury or for the first seven days postoperatively. Based on the patient's date of surgery, the acute phase has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Durable medical equipment (DME) vascutherm cold compression 14 day rental for the right shoulder (DOS: 5/8/2015) is not medically necessary.

Durable medical equipment (DME) continuous passive motion (CPM) 14 day rental (DOS: 5/8/2015): 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-TWC), Shoulder Procedure Summary, page 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Continuous passive motion (CPM) Machine.

Decision rationale: The Official Disability Guidelines do not recommend CPM machines after shoulder surgery. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Durable medical equipment (DME) continuous passive motion (CPM) 14 day rental (DOS: 5/8/2015) is not medically necessary.

Durable medical equipment (DME) sheepskin purchase (DOS: 5/8/2015): 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-TWC), Shoulder Procedure Summary, page 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and there is documentation substantiating that the DME is

clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and the documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Durable medical equipment (DME) sheepskin purchase (DOS: 5/8/2015) is not medically necessary.

Durable medical equipment (DME) compression therapy wrap purchase (DOS: 5/8/2015):
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-TWC), Shoulder Procedure Summary.

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

Decision rationale: The Official Disability Guidelines do not generally recommend compression devices for the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Durable medical equipment (DME) compression therapy wrap purchase (DOS: 5/8/2015) is not medically necessary.