

Case Number:	CM15-0060566		
Date Assigned:	04/06/2015	Date of Injury:	03/03/2014
Decision Date:	05/21/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 62-year-old male, who sustained an industrial injury on 3/3/14. The injured worker has decreased range of motion of the cervical spine with paravertebral tenderness and spasm and decreased bilateral shoulder range of motion with flexion and abduction to about 140 degrees. The diagnoses have included status post work related injury to the right shoulder 3/3/14; possible bilateral adhesive capsulitis versus chronic cervical strain with referral to shoulders and compensatory left shoulder pain versus continuous trauma injury. Treatment to date has included physical therapy; tramadol (ultram); right shoulder magnetic resonance imaging (MRI); left shoulder magnetic resonance imaging (MRI); bilateral shoulder X-rays; chiropractic care and acupuncture. The request was for associated surgical service, continuous passive motion and vasotherm cold therapy rental 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: CPM (Continuous Passive Motion): 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), Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, CPM.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis following the industrial injury of 3/3/14, the determination is for non-certification. The request is not medically necessary.

Associated Surgical Service: Vascutherm cold therapy rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case, the request of 30 days exceeds the guidelines recommendation of 7 days. Therefore, the determination is for non-certification. The request is not medically necessary.