

Case Number:	CM14-0139211		
Date Assigned:	09/05/2014	Date of Injury:	11/20/2009
Decision Date:	12/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 New York. 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 40-year-old female with a date of injury of November 11, 2009. The patient has chronic shoulder pain. MRI of the right shoulder shows calcific tendinitis with right rotator cuff tear. Physical examination shows positive impingement test was positive O'Brien's test and decreased range of shoulder motion. The patient is scheduled to have right shoulder arthroscopic surgery. At issue is whether postoperative CPM and cold therapy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CPM device, use for 45 days (post-operative): 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 (acute and chronic)

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.

Decision rationale: ODG guidelines do not recommend the use of CPM after rotator cuff shoulder surgery. CPM has not been shown to improve outcomes after rotator cuff shoulder surgery. Use of CPM for 45 days is not medically necessary.

One [REDACTED] therapy unit (post operative): 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 Chapter

Decision rationale: Purchase of cold care unit after shoulder surgery is not medically necessary for longer than 7 days. ODG guidelines recommend up to 7 days of cold therapy after shoulder surgery. Guidelines indicate that cold therapy could be performed with the use of ice packs. Cold therapy is only supported for 7 days postoperatively. The request for cold care unit does not specify that is only for 7 days. Therefore cold therapy is not medically necessary.