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Notice of Independent Review Decision

Date notice sent to all parties:

June 18, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase shoulder abduction sling and rental of CPM unit times 21 days including CPT codes L3960 and E0936

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Hand written clinical records with illegible signature 10/30/12-01/24/13
Physical therapy report undated
Clinical records 02/04/13-04/29/13
Radiographs left shoulder 11/02/12
MRI left shoulder 11/15/12
Prior reviews 05/03/13 and 05/13/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who originally sustained an injury on xx/xx/xx while lifting. Per the initial imaging of the lumbar spine there was no pathology of the left shoulder. MRI from 11/15/12 appeared normal. Clinical documentation indicated that the patient attended physical therapy and underwent injections in 02/13. Exam findings from indicated positive impingement signs and the patient was recommended for subacromial decompression with a possible distal clavicle excision. The requested shoulder abduction sling and CPM rental for 21 days appeared to have been tied to a surgical request. The surgery was found not to be medically necessary by utilization review on 05/03/13; however, there was no clear statement regarding the post-operative DME. Per the denial on 05/13/13 the surgical request was not indicated and the durable medical equipment was not found to be medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient reported continuing right shoulder pain with positive impingement signs that has not improved with conservative treatment. However, imaging of the lumbar and left shoulder found no pathology. It is unclear from the clinical documentation whether the surgical request has been approved to date. Therefore, without any recent surgical intervention and as there is no post-operative state, the requested abduction sling and CPM rental would not be supported as medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Shoulder Chapter

Continuous passive motion (CPM)

Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. See the Knee Chapter for more information on continuous passive motion devices. *Rotator cuff tears:* Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tears is limited and inconclusive. 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. (Seida, 2010)
Adhesive capsulitis: According to this RCT, CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 h once a day for 20 days during a period of 4 weeks. The PT group had a daily physical therapy treatment including active stretching and pendulum exercises for 1 h once a day for 20 days during a period of 4 weeks. All patients in both groups were also instructed in a standardized home exercise program consisting of passive range of motion and pendulum exercises to be performed every day. In both groups, statistically significant improvements were detected in all outcome measures compared with baseline. Pain reduction, however, evaluated with respect to pain at rest, at movement and at night was better in CPM group. In addition the CPM group showed better shoulder pain index scores than the PT group. (Dundar, 2009) Because adhesive capsulitis involves fibrotic changes to the capsuloligamentous structures, continuous passive motion or dynamic splinting are thought to help elongate collagen fibers. (Page, 2010)

Postoperative abduction pillow sling

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)