

Case Number:	CM13-0014184		
Date Assigned:	03/26/2014	Date of Injury:	05/14/2010
Decision Date:	05/20/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/22/2013

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 California. 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:

This is a 54-year-old gentleman who was injured in a work related accident 05/14/10. He sustained injury to the right shoulder. Clinical records indicate a recent clinical assessment of 07/10/13 indicating ongoing complaints of pain about the shoulder not improved with conservative measures that have included medications and physical therapy. Objectively, there was full range of motion and strength of the shoulder with tenderness anteriorly and positive impingement testing. A previous MRI reviewed from 05/07/13 of the shoulder demonstrated full thickness tearing to the distal super and infraspinatus tendon, a possible SLAP lesion and superior subluxation of the humeral head. There was degenerative change at the glenohumeral joint. Based on the claimant's failed conservative measures, surgical intervention was recommended in the form of an operative arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER DIAGNOSTIC AND OPERATIVE ARTHROSCOPY WITH ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Based on California MTUS ACOEM Guidelines, rotator cuff repair in this individual would not be indicated. Rotator cuff repair is acutely indicated for individuals that have failed conservative measures and for whose diagnosis results in significant impairment in activity with weakness and motion restrictions. This claimant's clinical presentation is highly consistent with chronic rotator cuff pathology given proximal migration of the humerus and clinical findings suggestive of chronic tearing. It should be taken into account that the claimant's recent clinical assessment failed to demonstrate motor or motion deficit. At present, with a lack of documentation of conservative care including injection therapy, there would be no acute indication for surgical process as outlined.

1 COMBO CARE 4, ELECTROTHERAPY DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Page(s): 114-116.

Decision rationale: MTUS Guidelines would not support the role of an electrotherapy device as a need for operative intervention has not been supported.

1 CONTINUOUS PASSIVE MOTION MACHINE 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Continuous Passive Motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Continuous Passive Motion (CPM).

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a Continuous Passive Motion (CPM) device would not be indicated as the need for operative intervention has not been established.

1 ULTRA SLING WITH ABDUCTION PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, an ultra sling would not be indicated as the need for operative intervention has not been established.

60 DAY THERMCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedures.

Decision rationale: MTUS Guidelines are silent. Official Disability Guidelines criteria would not recommend the role of combination therapy devices. The request for 60 day use of a Thermo Cool heat/cold therapy device is not supported as the surgical request was not recommended.