

Case Number:	CM13-0014364		
Date Assigned:	10/03/2013	Date of Injury:	05/11/2012
Decision Date:	05/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/20/2013

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:

The claimant, a 48-year-old female, sustained an injury to the right shoulder in a May 11, 2012, work-related accident. Clinical records indicate a current diagnosis of right shoulder impingement syndrome that has failed conservative care. An MRI report available for review demonstrates inflammatory changes to the rotator cuff with no evidence of full thickness tearing or labral pathology. The reviewed clinical records do not document that the claimant has any comorbidities. A request for a right shoulder arthroscopy and subacromial decompression was authorized upon utilization review. This request is for the postoperative use of an ultra sling, the purchase of cryotherapy device and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CLEARANCE BEYOND THE SURGEON'S OWN H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: California MTUS ACOEM Guidelines would not support the role of preoperative medical clearance. This is a 48-year-old individual who is to undergo a right shoulder arthroscopy. The clinical records available for review do not document evidence of any co-morbidity that would indicate the need for further preoperative medical assessment. This request is not medically necessary.

COLD UNIT (PURCHASE OR RENTAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - CONTINUOUS-FLOW CRYOTHERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 9/SHOULDER, 212.

Decision rationale: California MTUS ACOEM Guidelines would not support the rental or purchase of a cryotherapy device. While ACOEM Guidelines recommend the application of cold during the first few postoperative days of acute complaints, the specific use of a cryotherapy device to deliver cold therapy would not be medically necessary.

ULTRA SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, Table 9-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - POSTOPERATIVE ABDUCTION PILLOW SLING.

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of slings in the postoperative setting for subacromial decompression. According to Official Disability Guidelines, abduction Final Determination Letter for IMR Case Number CM13-0014364 4 slings are indicated for larger, massive rotator cuff repairs. Records in this case indicate a diagnosis of impingement with no documentation of acute full thickness or massive rotator cuff pathology. Therefore, this request is not medically necessary.