

Case Number:	CM13-0017298		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2012
Decision Date:	06/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Anesthesiologist and is licensed to practice in Florida. 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 injured worker is a 60-year-old male who reported an injury on 08/04/2012. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with right shoulder impingement syndrome with acromioclavicular joint arthritis and left shoulder status post arthroscopic rotator cuff repair. The injured worker was evaluated on 08/14/2013. It is noted that the injured worker's right shoulder surgery has been denied. The injured worker reported persistent pain in the right shoulder with activity limitation. Physical examination revealed 160 degree forward flexion, 70 degree external rotation, 30 degree extension, 30 degree internal rotation, 2/3 positive impingement signs, 2+ tenderness over the acromioclavicular joint, and 4/5 strength. Treatment recommendations at that time included an appeal request for a right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

STABLE ULTRA SLING WITH PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation ODG OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, POSTOPERATIVE ABDUCTION PILLOW SLING.

Decision rationale: The Official Disability Guidelines state a postoperative abduction pillow sling is recommended as an option following an open repair of a large and massive rotator cuff tear. Abduction pillows for large and massive tears may decrease tendon contact with the prepared sulcus but are not used for arthroscopic repair. There is no evidence of a large and massive rotator cuff tear. There is also no indication that this injured worker's surgical procedure has been authorized. As such, the request is not medically necessary.

GAME READY UNIT (7 DAY RENTAL): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation ODG OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

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, CONTINUOUS FLOW CRYOTHERAPY.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.