

Case Number:	CM13-0018593		
Date Assigned:	10/01/2013	Date of Injury:	09/27/2006
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery, and is licensed to practice in Texas. 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 physician 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 forty six year old male who reported an injury on 09/27/2006. His diagnoses were listed as shoulder acromioclavicular joint arthritis, impingement/bursitis of the shoulder, rotator cuff rupture, sprain of the sternoclavicular joint, and after surgery care. It was noted that the patient had surgery on his right shoulder on 08/28/2013 for sternoclavicular joint reconstruction. It was noted that the patient felt surgery had been beneficial as he had less numbness; however, he stated his neck was still painful and he was not able to turn his neck. Objective findings stated a 4 cm healed incision over the subclavicular joint and the patient was able unable raise his right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Smart sling/abduction pillow right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Shoulder, Postoperative abduction pillow sling.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) Guidelines, because patients with shoulder disorders tend to have stiffness followed by weakness and atrophy, careful advice regarding maximizing activities within the limits of symptoms is imperative. However, it also states that if indicated, the joint can be kept at rest in a sling. More specifically, Official Disability Guidelines state a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. However, this treatment is not recommended for arthroscopic repairs. The patient was noted to have multiple diagnoses related to his right shoulder to include acromioclavicular joint arthritis, impingement/bursitis, rotator cuff rupture, and sprain of the sternoclavicular joint, and had open surgery on 08/28/2013. Therefore, a smart sling/abduction pillow is supported by guidelines. For this reason, the requested service is certified.

Twenty one day rental of cold contrast compression unit for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cold compression therapy.

Decision rationale: Official Disability Guidelines state cold compression therapy is not recommended in the shoulder as there are no published studies. The patient was noted to be postoperative following right shoulder surgery on 08/28/2013; however, cold compression therapy is not recommended by guidelines for the shoulder. Therefore, the request is non-certified.

Purchase of cold compression wrap for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cold compression therapy.

Decision rationale: Official Disability Guidelines state cold compression therapy is not recommended in the shoulder as there are no published studies. The patient was noted to be postoperative following right shoulder surgery on 08/28/2013; however, cold compression therapy is not recommended by guidelines for the shoulder. Therefore, the request is non-certified