

Case Number:	CM13-0021375		
Date Assigned:	11/08/2013	Date of Injury:	03/22/2011
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 fifty six year old female who sustained an injury to her right shoulder on 03/22/11. Clinical records indicate that the claimant failed an initial course of conservative care and ultimately underwent surgical process, for which an operative report of 09/03/13 indicates a diagnostic and operative arthroscopy to the right shoulder with a biceps tenodesis, acromioplasty, lysis of adhesions, Mumford procedure, removal of loose bodies, and insertion of a pain pump. Clinical records indicate the request for authorization at time of preoperative assessment for the role of a purchase of a cryotherapy device, the use of an intraoperative pain pump, and the postoperative need of an UltraSling/shoulder immobilizer for postoperative use in this claimant's post-shoulder surgery course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

Decision rationale: Based on Official Disability Guidelines criteria, as California Medical Treatment Schedule (MTUS) Guidelines are silent, the role of cryotherapy devices are only recommended for up to seven days including home use following shoulder procedures as an option. This specific request for the purchase of a cryotherapy device would, thus, not be indicated as purchase of the above device would exceed seven day rental, which is supported by guideline criteria.

Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, postoperative pain pumps in the shoulder setting are not supported. Guidelines do not recommended the role of postoperative pain pumps with no evidence of randomized clinical trials to support their efficacy or sustained benefit versus standardized forms of postoperative care alone. There is nothing indicating in this case why the claimant would be an exception to this guideline. This specific request would not be supported as medically necessary.

Ultrasling III/ shoulder immobilizer: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines speak to immobilization in the acute setting indicating that a sling can be utilized as indicated. When looking at Official Disability Guidelines criteria, postoperative abduction sling in this case would not be indicated. Records indicate that the claimant underwent a diagnostic arthroscopy, biceps tenodesis, Mumford procedure, and subacromial decompression. Official Disability Guidelines criteria indicates that the role of abduction pillow slings are indicated for postoperative setting of large or open massive rotator cuff repairs. The role of the requested durable medical equipment device for postoperative use given the claimant's clinical presentation and surgical findings would not be indicated at present.