

Case Number:	CM13-0021856		
Date Assigned:	11/13/2013	Date of Injury:	01/09/2013
Decision Date:	01/06/2014	UR Denial Date:	08/23/2013
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 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.

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 36-year-old female who reported an injury on 01/09/2013. The patient is currently diagnosed with a cervical sprain and strain with cervical facet syndrome, shoulder impingement with tendinopathy of the right supraspinatus tendon, and flexor tenosynovitis with mild carpal tunnel on the right. The patient was recently seen by [REDACTED] on 09/12/2013. The patient has been authorized to undergo operative repair of a rotator cuff tear of the right shoulder. However, the patient has recently discovered that she has developed an intra-uterine pregnancy and is in her first trimester. Objective findings included positive impingement sign, weakness to resistance to forward flexion, abduction, positive Tinel's over the median nerve at the right wrist, and numbness and tingling extending into the thumb, index, and long fingers on the right. Treatment recommendations included a discontinuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder post-op brace.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Immobilization..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Immobilization. .

Decision rationale: Official Disability Guidelines state immobilization is not recommended as a primary treatment. There is a lack of support for a postoperative shoulder brace as guidelines would encourage early mobilization. The medical necessity for the requested service has not been established.

Abduction pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Postoperative abduction pillow sling..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Postoperative abduction pillow sling..

Decision rationale: Official Disability Guidelines state postoperative abduction pillow slings are recommended as an option following an open repair of a large or massive rotator cuff tear. As per the clinical notes submitted, the patient does not currently meet criteria for a postoperative abduction pillow sling.

Continuous passive motion (CPM) machine rental for 6 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, 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 (ODG) Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Continuous passive motion (CPM)..

Decision rationale: Official Disability Guidelines state continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis for up to 4 weeks at 5 days per week. Guidelines would not recommend the requested rental.

Post-op physical therapy 2 times a week for 9 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery Chapter, surgery for impingement syndrome..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS Guidelines state 1 half of the total recommended number of visits is supported for initial postoperative therapy. With documentation of objective

improvement, a continuation of therapy would be supported thereafter. Treatment for a rotator cuff repair includes 24 visits over 14 weeks. The current request for postoperative physical therapy twice per week for 9 weeks would not be supported by guidelines. As the patient has been authorized to undergo rotator cuff repair, the patient does meet criteria for postoperative physical therapy. However, the request has been modified to include only an initial 12 sessions of physical therapy.