

Case Number:	CM13-0022923		
Date Assigned:	11/15/2013	Date of Injury:	04/08/2013
Decision Date:	02/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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:

Clinical records reviewed in this case indicate complaints of right shoulder pain for which a rotator cuff repair, arthroscopic subacromial decompression, biceps tenodesis, and AC joint resection is being recommended for intervention. The claimant has been approved the outpatient procedure in question. The specific requests in this case are in regard to perioperative use of an intraoperative platelet rich plasma injection as well as a 30 day rental of a cryotherapy device in the postoperative use of an arch sling. The clinical records for review indicate the surgery took place on 08/26/13 with a posterior capsular repair and superior labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet-rich plasma injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Platelet-rich plasma (PRP).

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 - Platelet-rich plasma (PRP).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of platelet rich plasma for the shoulder is still under study; while short term results looked promising, long term efficacy or benefit versus conservative measures or no treatment alone has not been established. Particularly in regard to use of the postoperative setting there was no current data to support its use based on surgical repair or operative treatments alone. This specific request in this case for postoperative use would not be indicated.

Post-operative ARC sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 - Post-operative abduction pillow sling.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of an arc sling would not be indicated. Guidelines indicate the role of arc slings in situations following open repair of a large or massive rotator cuff tear. Records in this case did not indicate a large or massive rotator cuff tear. The role of an arc sling would not have been supported.

Cold device 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a 30 day rental of a cold device would not be indicated. Records in this case did not indicate a large or massive rotator cuff tear. Guidelines also would only indicate the need for a cryotherapy device for seven days in the postoperative setting. This specific request for 30 days, which would exceed guideline criteria, would not be indicated.