

Case Number:	CM13-0023160		
Date Assigned:	12/11/2013	Date of Injury:	09/28/1999
Decision Date:	02/28/2014	UR Denial Date:	08/13/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 47 year-old female who was injured on 9/28/1999. She underwent a right shoulder surgery in 2002 but continued with problems. According to the 7/26/13 orthopedic report, her diagnoses involves: right shoulder acromioclavicular joint arthritis; rotator cuff tendinosis; and superior labral tear. [REDACTED] recommends arthroscopic distal clavicle excision, SAD, debridement of the labrum. The Independent Medical Review application shows a dispute with the 8/13/13 UR decision. The 8/13/13 UR letter is from [REDACTED], and recommends against a cold therapy unit and right shoulder sling. The UR letter states it was based on the 7/26/13 report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit purchase for the right shoulder Ultrasling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: The patient presents with shoulder pain and on 7/26/13 [REDACTED] outlines the surgical procedure required. There is no discussion or request on the 7/26/13 report for a cold therapy unit purchase or sling. For cold therapy units for the shoulder, Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) is silent, but Official Disability Guidelines (ODG) states: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use" 7-days would appear appropriate if the patient has the surgery. However, there is no discussion as to why the unit needs to be purchased over rented, and there is no discussion as to the duration of the intended use. Without stating the duration, the request cannot be confirmed to be in accordance with Official Disability Guidelines (ODG) guidelines. The shoulder sling appears in accordance with the American College of Occupational and Environmental Medicine (ACOEM) guidelines, however, I am not able to offer partial certification for the shoulder sling, so the whole request cannot be recommended.