

Case Number:	CM13-0032910		
Date Assigned:	12/06/2013	Date of Injury:	08/27/2010
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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:

According to the records made available for review, this is a 46-year-old female with a 8/27/10 date of injury, and subacromial decompression with distal clavicle excision on 7/1/13. At the time of request for authorization for Donjoy iceman clearcube cold pad shoulder S loop Eh, NS and Bledsoe ARC shoulder brace, there is documentation of subjective (spasms that has remained refractory to conservative treatment) and objective (tenderness over the left shoulder and left shoulder abduction 90 degrees and forward flexion 110 degrees) findings, current diagnoses (status post left arthroscopic subacromial decompression, left medial epicondylitis with cubital tunnel syndrome, low back pain with right lower extremity symptoms, and status post right knee arthroscopy), and treatment to date (post-operative physical therapy and medications). The post-operative time course has exceeded guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

clearcube cold pad shoulder S loop EH, NS: 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) Shoulder: Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-Flow Cryotherapy.

Decision rationale: Medical Treatment Utilization Section (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) states that physical modalities such as heat and cold have no proven efficacy in the postoperative management of shoulder injuries, but they may have some value in the short term if used in conjunction with a program of functional restoration. ODG identifies documentation of surgery, as criteria necessary to support the medical necessity of continuous -flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of status post left arthroscopic subacromial decompression, left medial epicondylitis with cubital tunnel syndrome, low back pain with right lower extremity symptoms, and status post right knee arthroscopy. However, given documentation of the 7/1/13 date of surgery, the post-operative time course has exceeded guidelines. In addition, there is no documentation that Donjoy iceman clearcube cold pad shoulder S loop Eh, NS will be used in conjunction with a program of functional restoration. Therefore, based on guidelines and a review of the evidence, the request for Donjoy iceman clearcube cold pad shoulder S loop Eh, NS is not medically necessary.

ARC shoulder 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 (ODG) Shoulder: Acute and Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Post-operative Rehabilitation Following Arthroscopic Rotator Cuff Repair.

Decision rationale: Medical Treatment Utilization Section (MTUS) does not address the issue. Official Disability Guidelines (ODG) identifies documentation of rotator cuff repair, as criteria necessary to support the medical necessity of sling for 4-6 weeks. Within the medical information available for review, there is documentation of diagnoses of status post left arthroscopic subacromial decompression, left medial epicondylitis with cubital tunnel syndrome, low back pain with right lower extremity symptoms, and status post right knee arthroscopy. However, given documentation of the 7/1/13 date of surgery, the post-operative time course has exceeded guidelines. Therefore, based on guidelines and a review of the evidence, the request for Bledsoe ARC shoulder brace is not medically necessary.