

Case Number:	CM13-0041508		
Date Assigned:	12/20/2013	Date of Injury:	08/02/2012
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and Pulmonary Diseases 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 52-year-old male who reported an injury on 08/02/2012. The mechanism of injury was stated to be a 5 foot fall. The clinical documentation indicated there was a request for the patient to undergo surgical intervention of a left shoulder subacromial decompression and Mumford procedure with a possible rotator cuff repair. The patient's diagnoses were noted to include left shoulder bursitis with impingement, acromioclavicular joint pain, and possible rotator cuff tear. The request was made for a postoperative pain pump, a motorized hot/cold unit for 30 days, a pro sling with abduction pillow, and possibly a shoulder CPM unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Hot/Cold Unit for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cryotherapy

Decision rationale: The clinical documentation submitted for review failed to provide documentation indicating the surgery was approved. It failed to provide if there was an approval for the surgery. Given the above and lack of documentation, the necessity for motorized hot/cold unit for 30 days has not been established and is therefore, not medically necessary.

Shoulder CPM unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, CPM.

Decision rationale: The clinical documentation submitted for review failed to provide documentation indicating the surgery was approved. It failed to provide if there was an approval for the surgery. Given the above and lack of documentation, the necessity for shoulder CPM unit for 30 days has not been established and is therefore, not medically necessary.

Pain pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Pain Pump.

Decision rationale: The clinical documentation submitted for review failed to provide documentation indicating the surgery was approved. It failed to provide if there was an approval for the surgery. Given the above and lack of documentation, the necessity for pain pump has not been established and is therefore, not medically necessary