

Case Number:	CM13-0044851		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2011
Decision Date:	02/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation and Sports Medicine and is licensed to practice in New York and 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. 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 56-year-old female who reported a work related injury on 02/25/2011, specific mechanism of injury was not stated. Subsequently, the patient presents for treatment of the following diagnoses: chronic right knee pain, multilevel disc disease of the lumbar spine, discogenic cervical condition, right shoulder impingement, bilateral carpal tunnel syndrome, element of insomnia and depression, and weight gain. The clinical note dated 12/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient requires a shoulder immobilizer as she is a surgical candidate for a rotator cuff repair of a large tear. The provider documented motion of the patient's shoulder was limited to 90 degrees, weakness to resistance function was noted, and impingement sign was positive. The provider documented the patient's surgical interventions to the shoulder would be performed on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative DME: polar care rental x 21 days per report dated 10/2/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient is a surgical candidate for a right shoulder large rotator cuff tear. Official Disability Guidelines indicate cold compression therapy is not recommended in the shoulder. There are no published studies to support this intervention. In addition, the current request is excessive in nature. Given the above, the request for post operative DME, polar care rental for 21 days per report dated 10/02/2013, is not medically necessary or appropriate.

Right shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The current request is not supported. The patient has been recommended to undergo arthroscopic repair of a large rotator cuff tear. Official Disability Guidelines indicate abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repair. Given all of the above, the request for right shoulder immobilizer is not medically necessary or appropriate.