

Case Number:	CM13-0045097		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2011
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice 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 56-year-old female who reported an injury on 12/22/2011. The mechanism of injury was stated to be the patient was lifting a 60-pound mailbag over her shoulder, and, upon setting it down, she started to feel pain in the right shoulder. The patient was noted to undergo a lysis of adhesions and debridement of the anterior aspect of the glenoid and a bursal synovectomy on 10/22/2013. The request was made for an Ultrasling, a Donjoy Iceman clear cube, and CPM 21 day rental. The patient's diagnosis was noted to be shoulder impingement syndrome and adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasling: Upheld

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

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, Postoperative abduction pillow sling

Decision rationale: The Official Disability Guidelines recommend a postoperative abduction pillow sling for patients following the open repair of a large and massive rotator cuff tear. The

patient underwent a subacromial decompression and a bursal synovectomy. The clinical documentation submitted for review failed to indicate the patient had a rotator cuff tear and repair. There was a lack of documentation of exceptional factors to support the necessity for the sling. Given the above, the requested Ultrasling is not medically necessary or appropriate.

Donjoy Iceman clear cube, cold pad shoulders loop EH NS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

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, Continuous Flow Cryotherapy

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment and postoperative use is up to 7 days including home use. The patient underwent a subacromial decompression and a bursal synovectomy. The request would be supported for 7 days, however, per the submitted request, the duration of care was not provided. Given the above, and the lack of documentation, the requested Donjoy Iceman clear cube, cold pad shoulder s loop EH NS is not medically necessary.

CPM 21 day rental, soft goods for upper extremity CPM: Overturned

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

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 Official Disability Guidelines recommend continuous passive motion (CPM) for adhesive capsulitis for 20 days. The patient's diagnosis was noted to be adhesive capsulitis. Given the above, the requested CPM 21 day rental is medically necessary and appropriate.