

Case Number:	CM13-0046254		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2007
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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:

On 09/06/13, the claimant underwent surgical arthroscopy of the left shoulder with intra-articular debridement, subacromial decompression, and bursectomy. No rotator cuff repair or reconstruction was performed. This 55-year-old female was injured on 04/04/07 while sitting on a chair and bending over to pick up a piece of paper, the chair flipped off, and she landed on her left shoulder and thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

O Tech cold therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: O Tech cold therapy is not indicated as this is a pneumatic compressive hot/cold unit. Following shoulder arthroscopy, it is not necessary to have these modalities, and it is not supported within the literature.

university therapy wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 : Knee and Leg.

Decision rationale: A university therapy wrap is not necessary and indicated. There is no need for any wraps following such a procedure.

half arm wrap purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 : Knee and Leg.

Decision rationale: A university therapy wrap is not necessary and indicated. There is no need for any wraps following such a procedure.

pro sling II: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 : Shoulder.

Decision rationale: A pro sling II is not necessary following a simple arthroscopic shoulder surgery that had been performed. A regular sling should suffice.

Abduction pillow purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 : Shoulder.

Decision rationale: An abduction pillow is not necessary as there is no evidence of rotator cuff tear or rotator cuff repair likely performed. There is no documentation of any posterior labral issues as well.

