

Case Number:	CM13-0053867		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2011
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pennsylvania. 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:

This claimant is a 57-year-old female who was injured August 8, 2011. There are two postoperative requests in this case, both related to a recent left shoulder procedure. The first is for purchase of an UltraSling, the second for purchase of a cryotherapy device. The clinical records for review indicated that the claimant had bilateral shoulder complaints, for which the right shoulder was status post a January 9, 2013 operative procedure. Specific to the claimant's left shoulder there was documentation that she was diagnosed with chronic subacromial impingement with partial-thickness tear. It stated that she had failed conservative care and measures. Surgical intervention in the form of arthroscopic assessment and subacromial decompression was recommended given her ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for purchase of ultra sling and cryotherapy unit post-op for the left shoulder:
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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -

Postoperative abduction pillow sling and Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of an UltraSling and cryotherapy device for purchase would not be indicated. In regard to an UltraSling, the Official Disability Guideline criteria only recommend an UltraSling in the setting of large or massive rotator cuff pathology. The claimant is documented to have partial-thickness rotator cuff tearing, for which a decompressive procedure is to be performed. At present, there is no current clinical indication for the role of an UltraSling in the absence of massive or large full-thickness rotator cuff pathology. Also in regard to the claimant's left shoulder, the cryotherapy device for purchase would not be indicated. Official Disability Guidelines recommend the cryotherapy device for up to seven days including home use. It would not recommend the role of the device for purchase. The specific request for the above durable medical equipment device would thus not be indicated.