

Case Number:	CM13-0054132		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2012
Decision Date:	07/02/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in 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 expert 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 44 year old male who reported an injury on 05/25/2012. His diagnoses included left shoulder instability following arthroscopy and cervical disc injury with stenosis. The MRI of the left shoulder from 06/11/2013 reports mild irregularity and edema. He was seen on 11/26/2013 for complaints of pain in the neck/left shoulder and numbness in the left arm. The examination indicated well healed left arthroscopic portals, and range of motion restricted by pain. The report indicated he continues home therapy and was recommended for a re-evaluation in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO SLING WITH ABDUCTION PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder, Postoperative Abduction Pillow Sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: The ACOEM Guidelines recommend use of a sling for severe shoulder pain for 1 to 2 days, with pendulum exercises to prevent stiffness in cases of rotator cuff conditions or up to three weeks use after an initial shoulder dislocation and reduction. The documentation

submitted for review does not indicate the patient has significant findings of a rotator cuff condition, initial shoulder dislocation, or reduction. As such, the patient does not meet recommended guidelines. The request is not medically necessary.

MOTORIZED HOT/COLD UNIT FOR 30 DAYS: 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), Shoulder, Continuous-flow cryotherapy.

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

Decision rationale: The Official Disability Guidelines recommend hot/cold units as an option after surgery up to 7 days. Nonsurgical treatment is not recommended. The patient has not had recent surgery and is not in post-operative status and therefore, does not meet guidelines. As such, the request is not medically necessary.