

Case Number:	CM13-0061217		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2003
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 injured worker is a 52-year-old female who reported an injury on 05/20/2003. The mechanism of injury was not provided in the medical records. Her symptoms included shoulder joint pain bilaterally, right greater than left, and a grating sensation to the shoulder. Over the last year she reported her shoulder pain had increased. The cervical spine showed tenderness on palpation. Flexion and extension strength of the shoulders was reduced. Past medical treatment was not included in the medical records. Diagnostic studies include an MRI of the cervical spine and MRI of the thoracic spine on 08/29/2013. On 11/19/2013, a request for ultra sling, preoperative consultation, and CPM machine had been made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRA SLING: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder ,Immobilization

Decision rationale: The California MTUS Guidelines do not address. The California MTUS/ACOEM Guidelines further state shoulder disorders may lead to joint stiffness more often than other joint disorders. Because patients with shoulder disorders tend to have stiffness followed by weakness and atrophy, careful advice regarding maximizing activities within the limits of symptoms is imperative, once red flags have been ruled out. If indicated, the joint can be kept at rest in a sling. The Official Disability Guidelines further state immobilization is not recommended as a primary treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. The documentation submitted for review indicated the injured worker is not interested in any further steroid injections to her shoulder. The documentation also indicated the injured worker had failed nonoperative treatment and had continued symptoms. The injured worker would like to proceed with surgical scheduling of total shoulder arthroplasty. However, the documentation failed to provide a rationale for the requested sling. The use of an ultra sling versus a generic sling is unclear. As the guidelines state immobilization is not recommended as a primary treatment and the documentation does not provide a rationale for the use of an ultra sling, the request is not supported. Given the above, the request for ultra sling is non-certified.

PRE-OPERATIVE CONSULTATION: 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), Low Back, Preoperative testing, general

Decision rationale: The Official Disability Guidelines further state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The documentation submitted for review indicated the injured worker had bilateral shoulder joint pain that had increased over the last year. A decrease in motor strength was also noted. However, the documentation failed to provide a clear clinical history or documentation of any red flags upon physical examination to warrant the need for a preoperative consultation. There was a lack of information provided to indicate surgery had been certified. Therefore, the request is not supported. Given the above, the request for preoperative consultation is non-certified.

CPM MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Continuous Passive Motion

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 passive motion (CPM)

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines further state continuous passive motion (CPM), is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. The documentation submitted for review failed to provide a clear indication for the need of a continuous passive motion machine as there was a lack of information supporting shoulder surgery had been certified. As the guidelines state a CPM machine is not recommended and the documentation failed to provide a rationale for the requested treatment, the request is not supported. Also, the request submitted did not indicate the duration the unit was being requested for to determine whether it is within the recommended 4 week duration. Given the above, the request for CPM machine is non-certified.