

Case Number:	CM13-0071232		
Date Assigned:	01/08/2014	Date of Injury:	02/22/2010
Decision Date:	10/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 57 year old female with a reported date of injury on February 22, 2010. The most recent orthopedic office visit note, dated November 7, 2013, indicates the injured worker is not working and is status post arthroscopy in 2011. She had two injections and physical therapy (PT), neither of which were helpful. The prior utilization review determination resulted in denial of purchase for cold therapy unit and abduction sling for post-op use for partial rotator cuff injury, left shoulder on November 19, 2013. The current request is for a cold therapy unit (CTU) purchase and abduction sling for post op left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit (CTU) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a continuous flow cryotherapy unit is recommended as an option after surgery generally for up to seven days time

including home use. As stated in the appeal letter dated December 18, 2013, this unit has been proven to decrease pain, inflammation, swelling, and narcotic usage. However, as this request is for a purchase and not just for seven days of use, this request for a cold therapy unit for purchase is not medically necessary.

Abduction sling for post op 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a postoperative abduction pillow sling is only recommended as an option following open repair of large and massive rotator cuff tears. The sling/pillow keeps the arm in a position that takes tension off the repaired tendon. As the injured employee has been diagnosed with a partial rotator cuff injury rather than a complete tear and an open repair is not indicated there is no need for an abduction sling. As such, this request for an abduction sling for postoperative use of the left shoulder is not medically necessary.