MAXIMUS Federal Services

Case Number:	CM14-0003830		
Date Assigned:	02/03/2014	Date of Injury:	08/17/2011
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine, 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 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 an employee of [redacted] and has submitted a claim for status post right shoulder arthroscopic surgery with subacromial decompression and rotator cuff repair (5/22/13) and recurrent right rotator cuff tear associated with an industrial injury date of August 17, 2011. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, and surgery (5/22/13). Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right shoulder pain and weakness. Physical examination of the right shoulder showed restricted ROM of 50% of the normal range and supraspinatus muscle strength of 3/5. Utilization review from December 6, 2013 denied the requests for abduction sling and hot/cold contrast unit. The requested surgery for which postoperative use of abduction sling and hot/cold contrast unit was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDUCTION SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Postoperative Abduction Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Shoulder Chapter, Abduction Pillow.

Decision rationale: CA MTUS does not address abduction pillow slings. Per the Strength of Evidence heirarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Shoulder chapter, abduction pillow was used instead. The Official Disability Guidelines state that abduction slings are used as an option following open repair of large and massive rotator cuff tears. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the abduction sling was requested to be used postoperatively to prevent internal rotation contracture pending a repeat operation of open rotator cuff repair with lateral claviculectomy and facial graft. However, no certification for the mentioned surgery was documented. The medical necessity for abduction sling use was not established. Therefore, the request for abduction sling is not medically necessary.

HOT/COLD CONTRAST UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Diathermy and Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/Heat Packs, Cold Compression Therapy, and Continuous Flow Cryotherapy.

Decision rationale: The CA MTUS does not address hot/cold packs specifically. Per the Strength of Evidence heirarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Shoulder chapter, cold compression therapy and continuous flow cryotherapy were used instead. The Official Disability Guidelines state that cold compression therapy is not recommended in the shoulder as there are no published studies. Guidelines also state that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries such as muscle strains and contusions has not been fully evaluated. Cold/hot packs are recommended as an option for acute pain. In this case, the hot/cold contrast unit is for use postoperatively to prevent over icing or over heating that would cause tissue damage. The pending repeat operation is open rotator cuff repair with lateral claviculectomy and facial graft. However, no certification for the mentioned surgery was documented. The medical necessity for hot/cold contrast unit use was not established. Therefore, the request for hot/cold contrast unit is not medically necessary.