

Case Number:	CM14-0004200		
Date Assigned:	02/05/2014	Date of Injury:	01/20/2011
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
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 Orthopedic Surgery 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 claimant is a 42-year-old female who sustained an injury to the left shoulder on January 20, 2011. Records provided for review document prior surgery, including a subacromial decompression and distal clavicle excision. Due to continued symptoms, a revision surgical arthroscopy with subacromial decompression, revision distal clavicle excision and evaluation of the labrum has been recommended and supported by utilization review. This request is for a 21-day rental of a shoulder immobilizer and polar care unit for use in the post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER IMMOBILIZER POLAR CARE RENTAL X 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Online Edition, Chapter: Shoulder, Continuous-flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2014 Updates: Shoulder Procedure - Postoperative abduction pillow sling.

Decision rationale: According to California ACOEM Guidelines and supported by Official Disability Guidelines, a shoulder immobilizer would not be indicated. The ACOEM Guidelines also support the use of a sling for one to two days. The Official Disability Guidelines only support the use of a shoulder immobilizer for massive or large rotator cuff tears. There is no documentation that a large rotator cuff tear is suspected to warrant the requested immobilizer. Therefore, this request would not be indicated as medically necessary.

POLAR CARE RENTAL X 21 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2014 Updates: Shoulder Procedure.

Decision rationale: According to California ACOEM Guidelines and supported by Official Disability Guidelines, a 21-day use of a cryotherapy device would not be indicated. ACOEM Guidelines typically would recommend the isolated use of cold packs in the first few days following acute injuries but would not support 21-day use of a specific polar care device. Therefore, this request would not be indicated as medically necessary.