

Case Number:	CM14-0018310		
Date Assigned:	04/18/2014	Date of Injury:	06/12/2012
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This is a 56-year-old gentleman who injured his right shoulder on 6/12/12. The records provided for review indicate that the claimant underwent a left shoulder arthroscopy with rotator cuff repair followed by subsequent manipulation under anesthesia in early 2013. A recent physical examination dated 1/21/14 showed restricted motion at end points of forward flexion and external rotation and 4/5 motor strength with external rotation and abduction. There was positive Neer's and Hawkins' impingement testing. The claimant was diagnosed with shoulder impingement and labral tearing. The records contained a report of an MRI (magnetic resonance imaging) of the claimant's contra-lateral left shoulder but no formal imaging for the right shoulder in question. The recommendation for right shoulder arthroscopy, subacromial decompression, rotator cuff repair, and debridement was made. While the records indicate that the claimant has failed conservative care, there is no documentation regarding the specific conservative measures offered for this claimant's right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDUCTION PILLOW / SLING FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008)), pgs. 561-563, and Non-MTUS: Official Disability Guidelines (ODG), Shoulder procedure - Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure - Postoperative abduction pillow sling.

Decision rationale: The proposed right shoulder arthroscopy, subacromial decompression, rotator cuff repair and debridement are not recommended as medically necessary. Therefore, the request for purchase of an abduction pillow would not be indicated.

COLD THERAPY UNIT RENTAL X 14 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008)), pgs. 561-563, Non-MTUS: Official Disability Guidelines (ODG), Shoulder procedure - Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: The proposed right shoulder arthroscopy, subacromial decompression, rotator cuff repair and debridement are not recommended as medically necessary. Therefore, the request for a fourteen day rental of a cryotherapy device would not be indicated.

RIGHT SHOULDER SLING FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008)), pgs. 561-563, and Non-MTUS: Official Disability Guidelines (ODG), Shoulder procedure - Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure - Postoperative abduction pillow sling.

Decision rationale: The proposed right shoulder arthroscopy, subacromial decompression, rotator cuff repair and debridement is not recommended as medically necessary. Therefore, the request for a sling would not be indicated.