

Case Number:	CM14-0128794		
Date Assigned:	08/18/2014	Date of Injury:	06/14/2011
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 6/14/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 28, 2014, indicates that there are ongoing complaints of nervousness and stress. The physical examination demonstrated apprehension, poor concentration, a preoccupation with the symptoms. Diagnostic imaging studies were not presented. Previous treatment includes surgical intervention, multiple medications, psychiatric care. A request had been made for Pro-sling with abduction pillow, shoulder continuous passive motion (CPM) kit/pads (rental or purchase) cold therapy unit, and was not certified in the pre-authorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-sling with abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder. Acute and Chronic. Postoperative Abduction Pillow Sling. Updated 8/27/2014.

Decision rationale: Official Disability Guidelines (ODG) guidelines address this issue. Postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension of the repair tendon. After review the medical records provided the patient is scheduled to have a subacromial decompression and distal clavicle resection. They will be eligible for a sling, but there is no indication for and abduction pillow. Therefore this request is deemed not medically necessary.

Shoulder CPM/kit/pads (rental/purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder. Acute and Chronic. CPM. Updated 8/27/2014.

Decision rationale: Official Disability Guidelines (ODG) guidelines state that continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems after stroller surgery or for nonsurgical treatment. Therefore this request is deemed not medically necessary.

Q-Tech Cold therapy recovery system with wrap (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder. Acute and Chronic. Continuous flow cryotherapy. Updated 8/27/2014.

Decision rationale: Official Disability Guidelines (ODG) recommends continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Post operative use is generally up to 7 days, including home use. After review of the medical records provided, it is noted the injured worker has been authorized to have left shoulder surgery, and would be authorized for this medical equipment for the first 7 days postoperatively. The records reflect the device was certified for the 7 days. Therefore, based on the clinical information presented for review there is no medical necessity for additional cold therapy unit given what has already been completed. This request is not medically necessary.