

Case Number:	CM14-0131570		
Date Assigned:	08/20/2014	Date of Injury:	09/19/2011
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain 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 a 57 year old female who sustained an industrial injury on 9/19/2011. According to the 6/2/2014 orthopedic progress report, the patient is seen for bilateral shoulder complaints. The patient had good but temporary relief with sub-acromial injections. Request is made for left shoulder diagnostic arthroscopy with arthroscopic SAD. Examination shows limited left shoulder ROM and positive impingement and speeds test. Diagnosis is recalcitrant left shoulder rotator cuff impingement with partial thickness rotator cuff tear. According to the 6/11/2014 pain management progress report, the patient is treating with analgesics and PPI for multiple musculoskeletal complaints. Shoulders examination notes weakness of shoulder abduction bilaterally, tenderness of the right shoulder, no subluxation of the shoulder, and pain aggravated with abduction which is limited to 140 degrees. A cortisone injection was administered to the right shoulder. An RX form dated 7/28/2014 indicates left shoulder arthroscopy is pending, and requests cold/hot product - Vascutherm 4, and bracing - ultra sling II.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental Vascutherm unit for 4 weeks, and purchase Vascutherm shoulder garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy; Shoulder, Compression garments

Decision rationale: According to the guidelines, short-term rental, up to 7 days, of a continuous cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. The medical records do not establish this patient has been approved and is pending left shoulder arthroscopy. The requested device, which offers heat, cold and compression, is not supported by the guidelines. According to the California MTUS/ACOEM and Official Disability Guidelines, at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is inadequate clinical evidence to substantiate that a hot/cold unit is more efficacious than standard ice/cold and hot packs. Furthermore, according to the Official Disability Guidelines, compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. The requested device is not supported by the evidence-based guidelines. The medical necessity of this request is not established.

Purchase Ultra sling with set up and delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Immobilization of Shoulder injuries

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, Postoperative abduction pillow sling

Decision rationale: According to the ACOEM guidelines, brief use of a sling for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions is recommended. The request for ultra-sling is not supported. Except in the initial acute injury stage with existence of severe pain or initial post-operative stage following repair of large rotator cuff, a sling is not indicated. Therefore, this request is not medically necessary.