

Case Number:	CM14-0139351		
Date Assigned:	09/05/2014	Date of Injury:	01/04/2014
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine and is licensed to practice in New York. 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 56-year-old male who was injured on January 3, 2014. The patient continued to experience pain in his right shoulder and low back. Physical examination was notable for tenderness over the right acromioclavicular joint, positive right impingement test, positive right Neer's test. Diagnoses included cervical strain, right shoulder rotator cuff tear, severe L5-S1 degeneration and bilateral lumbar radiculopathy. Treatment included physical therapy, acupuncture, and medications. Requests for authorization for post-operative shoulder immobilizer, pneumatic intermittent compression device 30 day rental post shoulder surgery, and postoperative physical therapy 3 times weekly for 6 weeks for the right shoulder were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER-ARM IMMOBILIZER FOR THE RIGHT SHOULDER POST OP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling, Immobilization

Decision rationale: 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 off the repaired tendon. In this case the surgery was not for a large or massive rotator cuff repair. A sling had already been approved for postoperative care. There is no indication for two immobilization devices postoperatively. The request should not be authorized.

PNEUMATIC INTERMITTENT COMPRESSION DEVICE 30 DAY RENTAL POST RIGHT SHOULDER SURGERY / MODIFIED TO APPROVE AN INTERMITTENT PNEUMATIC COMPRESSION DEVICE INTRAOPERATIVELY ONLY PER

PHYSICIAN ADVISOR: 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) Shoulder, Compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Compression garments

Decision rationale: 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 request should not be authorized.

POST-OPERATIVE PHYSIOTHERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER / MODIFIED TO APPROVE 12 INITIAL SESSIONS PER

PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The post-surgical treatment for arthroscopic surgery for impingement syndrome/rotator cuff syndrome is 24 visits over 14 weeks with a post-surgical physical medicine treatment of 14 weeks. The initial course of therapy would be 12 visits. In this case the request was for postoperative physical therapy for 3 visits weekly for 6 weeks, totaling 18 visits. This surpasses the number of visits recommended for an initial trial. The request should not be authorized.