

Case Number:	CM14-0151728		
Date Assigned:	09/30/2014	Date of Injury:	09/25/2009
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 60-year-old male with an original date of injury being September 25th of 2009. He has since had two rotator cuff reconstruction surgeries, the last being in 2011. In February 2014 he reinjured his left shoulder while moving furniture. A repeat MRI scan revealed a re-tear of the supraspinatus tendon and the superior aspect of the infraspinatus tendon. The physical exam has revealed relatively preserved range of motion, tenderness to palpation of the lateral deltoid region and the acromioclavicular joint, and a positive Hawkin's test and Neer's test. The injured worker has had a cortisone injection to the left shoulder which seemed to provide some relief as has physical therapy. Notes from the treating physician suggests that more surgery is considered for the left shoulder, specifically a possible left shoulder replacement, but that it is relatively contraindicated because of the injured worker's age. A review of the record reveals no definitive evidence that surgery is moving forward.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasling between 8/25/2014 and 10/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Post-operative slings are 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. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this instance, is not clear from the record that surgery is proceeding or exactly what kind of surgery will occur, if and when it does. Therefore, an Ultrasling does not appear to be medically necessary.

Cold Therapy Unit between 8/25/2014 and 10/09/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Continuous flow cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. In this instance, is not clear from the record that surgery is proceeding or exactly what kind of surgery will occur, if and when it does. Therefore, Cold Therapy Unit is not medically necessary.