

Case Number:	CM14-0157202		
Date Assigned:	09/30/2014	Date of Injury:	05/31/2010
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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:

The claimant is a 40 year old gentleman who injured his right shoulder on 05/31/10. The medical records provided for review included the Utilization Review determination that authorized right shoulder arthroscopy with decompression and distal clavicle resection for the claimant. There are current postoperative requests in this case for a Smart Sling with V-Pulse as well as a 21 day use of a continued passive motion machine for the shoulder in the post-operative setting. The clinical records are not pertinent to the postoperative requests for the claimant's shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder continuous passive motion machine, 21 days rental for the right shoulder.:

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)

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

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for twenty-one day rental of a continuous passive motion machine for postoperative use is not recommended as medically necessary. The Official Disability Guidelines only recommend the use of a continuous passive motion machine for the shoulder in the setting of adhesive capsulitis or following manipulation. The use of this modality following a decompressive procedure for the shoulder performed arthroscopically cannot be supported based on the guideline. Therefore, the request for Shoulder continuous passive motion machine for 21 days rental for the right shoulder is not medically necessary and appropriate.

Purchase of an Oscar smart sling and V-pulse for the right shoulder.: 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): Chapter: Shoulder; Postoperative abduction pillow sling; Chapter Knee: Compression garments

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for purchase of a Smart Sling would not be indicated. The use of a Smart Sling or abduction sling is only indicated for larger, massive rotator cuff repairs. The claimant is diagnosed with impingement for which decompression and distal clavicle excision have been authorized. Without documentation in the medical records of a large, massive rotator cuff tear, the use of this postoperative sling would not be necessary. Furthermore, the Official Disability Guidelines do not recommend the use of compression devices following shoulder procedures. While compression garments can be utilized when there is risk for DVT, there is no documentation that this claimant has an inherent risk of DVT or veno-thrombolytic event as a result of the subacromial decompression performed arthroscopically in the shoulder as an outpatient. Therefore, the request of Purchase of an Oscar smart sling and V-pulse for the right shoulder is not medically necessary and appropriate.