

Case Number:	CM14-0174718		
Date Assigned:	10/28/2014	Date of Injury:	04/04/2013
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Minnesota. 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 sustained a right shoulder injury on April 4, 2013. He had undergone two prior surgical procedures on his right shoulder for a rotator cuff tear. In light of continuing symptoms with evidence of chronic impingement and adhesive capsulitis a third surgical procedure was performed on 8/25/2014. At the time of surgery the rotator cuff was found to be intact. There were prominent fiber-wire sutures from the previous surgery that were debrided. Lysis of adhesion's and subacromial decompression was performed. with partial distal claviclectomy and debridement of the rotator cuff. The disputed issues pertain to post-operative use of a triple play cold compression unit with compression wrap for 30 days and purchase of a shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Triple Play Cold Compression Unit, 30 day rental with compression wrap dispensed
8/25/14: 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) TWC Shoulder, Acute & Chronic

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

Decision rationale: California MTUS does not address use of cold compression therapy or compression wrap after shoulder surgery. ODG guidelines do NOT recommend cold compression therapy in the shoulder. However, it may be an option for other body parts. Therefore the 30 day rental of triple play cold compression unit with compression wrap was not medically necessary.

Shoulder brace purchase, dispensed 8/25/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Shoulder (Acute & Chronic)

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

Decision rationale: California MTUS does not address the issue of a shoulder brace after arthroscopy. ODG guidelines indicate use of an abduction pillow sling for massive rotator cuff tears after repair. The request does not specify the type of brace and the rationale for its use after arthroscopy particularly in light of the presence of adhesive capsulitis. ODG guidelines indicate the use of continuous passive motion after surgery for adhesive capsulitis. No bracing or immobilization is recommended. The request for a shoulder brace is therefore not medically necessary per guidelines.