

Case Number:	CM14-0025084		
Date Assigned:	06/11/2014	Date of Injury:	06/02/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological 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 injured worker is a 42-year-old male who was reportedly injured on June 2, 2012. The mechanism of injury was noted as unloading a sofa from a trailer. The most recent progress note dated November 12, 2013, indicated there were ongoing complaints of left shoulder pain. Current medications were stated to include naprosyn, hydrocodone and medication for high blood pressure. The physical examination of the left shoulder demonstrated diffuse tenderness and limited painful range of motion. There was a positive supraspinatus test and a positive superior labrum anterior posterior (SLAP) test. Diagnostic imaging studies objectified a full thickness of the supraspinatus tendon. Previous treatment included a left shoulder subacromial decompression. A request had been made for a left shoulder surgery for a rotator cuff repair, cryotherapy cuff, an abduction sling and postoperative physical therapy and was not certified in the pre-authorization process on February 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE LEFT SHOULDER CRYOTHERAPY FOR THE LEFT 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) Shoulder (Acute & Chronic), Continuous flow cryotherapy, updated April 25, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a continuous flow cryotherapy unit is beneficial after shoulder surgery. It has been shown to decrease pain, inflammation, swelling and postoperative medication usage. The previous utilization management review did not certify the request for a left shoulder surgery and therefore did not previously certify the use of a cryotherapy unit. However, this request is not accompanied by an additional request for surgery. With the injured employee not appearing to be scheduled for left shoulder surgery, the subsequent use of a postoperative cryotherapy unit for the left shoulder is not medically necessary.

ABDUCTION SHOULDER SLING FOR THE LEFT SHOULDER: Overturned

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 (Acute & Chronic), Postoperative abduction sling/pillow, updated April 25, 2014.

Decision rationale: The Official Disability Guidelines recommend the use of an abduction sling for postoperative repair of a rotator cuff tear. The sling keeps the arm in a position and takes tension off the repaired tendon and avoids a re-tear in the postoperative setting. The previous utilization management review did not certify the use of a postoperative sling, as they did not also certify the use of a rotator cuff repair surgery. This request is not accompanied by a request for surgery. As the claimant does not currently appear to be scheduled for surgery, then this request for the use of a postoperative abduction sling is medically necessary.