

Case Number:	CM14-0032186		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2011
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on April 16, 2011. Subsequently she developed bilateral shoulder pain. Her treatment has included: left shoulder arthroscopic rotator cuff repair (April 6, 2012), subacromial decompression with acromioplasty, diagnostics, physical therapy, and right shoulder arthroscopy (January 14, 2014). His physical examination showed bilateral shoulder pain with reduced range of motion. The patient was diagnosed with sprain lumbar region, cervicobrachial syndrome and sprain rotator cuff. The patient underwent a left shoulder arthroscopic rotator cuff repair on April 6, 2012 and right shoulder arthroscopy on January 14, 2014. The provider requested authorization for the following devices mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

A purchase of one ultra sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative abduction pillow sling.
<https://msf.compiq.net/odg/odgtreatment.com/odgtwc/shoulder.htm#Postoperativeabductionpillowsling>.

Decision rationale: According to ODG guidelines, post op 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. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs>. There is no documentation that the patient underwent a large and massive rotator cuff repair. Therefore, the request for purchase of one ultra sling is not medically necessary.

A purchase of a thermacooler system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous-flow cryotherapy. (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/shoulder.htm>).

Decision rationale: According to ODG guidelines, cryotherapy is < Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use>. There is no documentation of the patient post op status. There is no report of inflammation and edema that may require a thermacooler. Therefore, the request for a purchase of a thermacooler system is not medically necessary.

A purchase of a thermacooler pad/wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous-flow cryotherapy. (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/shoulder.htm>).

Decision rationale: According to ODG guidelines, cryotherapy is < Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use>. There is no documentation of the patient post op status. There is no report of inflammation and edema that may require a thermacooler pad/wrap. Therefore, the request for a purchase of a thermacooler system is not medically necessary.