

Case Number:	CM14-0032972		
Date Assigned:	04/30/2014	Date of Injury:	02/09/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 was injured in a work related accident on February 9, 2012. Specific to the right shoulder, the records provided for review note that the injury occurred while lifting a large piece of marble. The MRI report of January 27, 2014 identified evidence of supra and infraspinatus tendinosis with bursal side fraying but no rotator cuff tearing. There was also fluid noted along the long head of the biceps tendon and a type II acromion. The PR2 report also dated January 27, 2014 noted ongoing complaints of pain in the shoulder. Physical examination was documented to show weakness with external rotation and abduction and positive impingement findings. The claimant's shoulder was injected with corticosteroid into the subacromial space on that date. Previous conservative treatment has included medication management and therapy. The recommendation was made for right shoulder arthroscopy, rotator cuff repair, subacromial decompression, labral debridement and bicipital repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDUCTION SLING, PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an abduction sling in this setting would not be supported. Abduction slings are only recommended following large or massive rotator cuff repair procedures. The surgical process in this case has not been supported, nor is there indication of large or massive rotator cuff pathology. Therefore, the request cannot be recommended as medically necessary.

CONTINUOUS PASSIVE MOTION RENTAL, 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Continuous Passive Motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment In Worker's Comp; 18th Edition; 2014 Updates; Chapter Shoulder: Continuous Passive Motion Machine, CPM.

Decision rationale: California MTUS and ACOEM Guidelines do not address a CPM device. The Official Disability Guidelines do not recommend a twenty-one day rental of a CPM device. According to the Official Disability Guidelines, a CPM is not indicated in the setting of the shoulder following rotator cuff repair procedures. In this instance, the need for surgical process has not been established; thus negating the need for any form of postoperative medical devices.

POLAR UNIT, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the purchase of a Polar Care Unit would not be indicated. The need for operative intervention in this setting has not been established, thus negating the need for a postoperative polar care device.