

Case Number:	CM14-0034303		
Date Assigned:	06/23/2014	Date of Injury:	12/12/2011
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 48 year old male who was injured on 12/12/2011. The mechanism of injury is unknown. There are no reports for review prior to UR date. There is mention of a progress note dated 10/02/2013 which (per the UR) recommended a right shoulder arthroscopic surgery with decompression and possible rotator cuff repair. Progress Note dated 03/13/2014 documents the patient is status post right shoulder surgery on 02/21/2014 Prior utilization review dated 02/19/2014 states the request for Abduction arm support has not been proven to be medically necessary; therefore it was not authorized; Vascular wrap is not medically necessary; Pneumatic cold compression unit x 30 day rental was not authorized but a modification for a 7 day cold compression unit rental is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction arm support: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Abduction Pillow Brace.

Decision rationale: The MTUS and ACOEM do not address this issue. Therefore the Official Disability Guidelines (ODG) was used. The Official Disability Guidelines (ODG) recommends abduction arm pillow brace following open repair of large and massive rotator cuff tears, but are not used for arthroscopic repairs. The medical records document that patient had right shoulder arthroscopic surgery, decompression and slap repair. Based on the Official Disability Guidelines (ODG) as well as the lack of clinical justification in the medical records provided, the request is not medically necessary.

Vascular 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, Treatment index, 5th edition, 2007 Shoulder Chapter.

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

Decision rationale: The MTUS and ACOEM do not address this issue. Therefore the Official Disability Guidelines (ODG) was used. The ODG recommends that compression garments are not recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. The medical records do not justify need for Vascular Wrap. Based on the Official Disability guidelines and criteria as well as the lack of clinical justification in the medical records provided, the request is not medically necessary.

Pneumatic cold compression unit x 30 day rental: 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, Cold compression therapy.

Decision rationale: The MTUS and ACOEM do not address this issue. Therefore the Official Disability Guidelines (ODG) was used. The ODG does not recommend Pneumatic Cold Compression in the shoulder as there are no published studies. The medical records do not justify need for 30 day Pneumatic Cold Compression unit rental. Based on the ODG guidelines and criteria as well as the lack of clinical justification in the medical records provided, the request is not medically necessary.