

Case Number:	CM14-0036933		
Date Assigned:	06/25/2014	Date of Injury:	11/16/2011
Decision Date:	08/05/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Surgeon and is licensed to practice in Texas. 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 46-year-old male with a reported date of injury on 11/16/2011. The injury reportedly occurred when the injured worker was reaching to pull down boxes and felt a pull in his upper and middle back. His diagnoses were noted to include cervical muscle spasm, cervical disc protrusion, thoracic musculoligamentous injury, thoracic muscle spasm, thoracic degenerative disc disease, lumbar muscle spasm, lumbar disc protrusion, lumbar facet arthropathy, lumbar stenosis, right shoulder impingement syndrome, right shoulder internal derangement, right shoulder adhesive tendinitis, and loss of sleep. His previous treatments were noted to include physical therapy, lumbar and epidural steroid injections, acupuncture, and 2 to 3 cortisone injections to his right shoulder. The progress note dated 01/07/2014 reported the injured worker complained of constant right shoulder pain described as sharp and stabbing rated 8/10 while resting and 9/10 with activities. The injured worker reported the pain was associated with weakness and swelling and the pain radiated to his neck, right arm, and hand. The injured worker reported his activities of daily living were somewhat affected due to the pain and the pain was brought on by lifting, typing, and reaching. The physical examination of the right shoulder revealed tenderness to palpation noted over the deltoid complex. The Codman drop arm, Neer, and Hawkins-Kennedy tests were positive. Manual muscle testing revealed 3/5 strength with flexion, extension, abduction, adduction, internal rotation, and external rotation was due to pain. The request for authorization form was not submitted within the medical records. The request was for an abduction pillow and a cold therapy rental for 14 days; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction pillow: 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 Official Disability Guidelines (ODG), Shoulder, post-operative abduction pillow sling.

Decision rationale: The request for an abduction pillow is not medically necessary. The injured worker has been diagnosed with right shoulder impingement syndrome, right shoulder internal derangement, and right shoulder tendinitis. The ODG recommend a postoperative abduction pillow sling 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 a lack of documentation regarding rotator cuff tear or an official surgery authorization to warrant a postoperative abduction pillow sling. Therefore, the request for an abduction pillow is not medically necessary.

Cold therapy rental for 14 days: 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 Official Disability Guidelines (ODG), Shoulder, Continuous-flow cryotherapy.

Decision rationale: The request for Cold therapy rental for 14 days is not medically necessary. The injured worker is awaiting authorization for right shoulder surgery. The ODG recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries such as muscle strains and contusions has not been fully evaluated. The Guidelines recommend cold therapy for postsurgical treatment; however, not for nonsurgical treatment and the injured worker was waiting for surgery authorization. There is a lack of documentation regarding if the surgery has been authorized or performed. Additionally, the Guidelines recommend postoperative use for up to 7 days and the request exceeds Guideline recommendations. Therefore, the request for Cold therapy rental for 14 days is not medically necessary.