

Case Number:	CM14-0037717		
Date Assigned:	06/25/2014	Date of Injury:	01/15/2013
Decision Date:	07/23/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 33-year-old who sustained an injury to the right shoulder on January 15, 2013. The medical records provided for review document that the claimant failed to improve with conservative treatment and on March 10, 2014 underwent right shoulder arthroscopy, subacromial decompression, SLAP debridement and open biceps tenodesis. A concordant right knee open prepatellar bursectomy took place at the same time. There was perioperative request for a twenty-one day rental of a VascuTherm cold compressive therapy device and the purchase of an Arc Sling. This review is for the request of the DME devices that were provided perioperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arc Sling For Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling.

Decision rationale: In general, the CA MTUS ACOEM Guidelines do not recommend the prolonged use of a sling for symptom control. The Official Disability Guidelines only recommend Abductor slings for massive or large rotator cuff repair procedures. This individual underwent a debridement of a SLAP lesion and a subacromial decompression. The specific surgical findings would not support the role of the postoperative need for an Arc sling. Based upon the ACOEM and ODG Guidelines the request in this case is not supported. The request is not medically necessary and appropriate.

Vascutherm Cold Compression Therapy 21 Day Rental For Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guideline criteria, combination therapy devices are typically recommended for similar timeframes as cryotherapy devices. In the setting of the shoulder, these devices would be supported for up to seven days including home use. The request for a twenty-one day rental of the VascuTherm cold compressive therapy device would exceed ODG Guideline criteria and thus would not be indicated.