

Case Number:	CM14-0040018		
Date Assigned:	06/27/2014	Date of Injury:	04/16/2013
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This 48-year-old female certified nursing assistant sustained an industrial injury on 4/16/13. Injury occurred when she was pushed backwards over a bench by a psychiatric patient, landed on her back, and struck her head. The 6/21/13 left shoulder MRI impression documented hypertrophic changes of the acromioclavicular joint. The 6/14/13 upper extremity electrodiagnostic study was normal, with no evidence of nerve entrapment or radiculopathy. The 3/3/14 progress report indicated that the left shoulder was worse. Complaints included left shoulder pain, stiffness, weakness, and numbness. Left shoulder injection did not help. Associated symptoms included sleep issues, stress, depression, and gastrointestinal distress. Physical exam findings documented left shoulder tenderness to palpation and spasms. A left shoulder acromioplasty had been approved and was scheduled for 3/25/14. The 3/26/14 utilization review denied the request for a shoulder sling as the patient was not scheduled for rotator cuff surgery, for which a sling is supported by guidelines. The request for a polar ice machine was partially certified for 7 days use consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Ice Machine times one (1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Cryotherapy.

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 California MTUS is silent regarding cold therapy units. The Official Disability Guidelines recommend continuous-flow cryotherapy as an option for up to 7 days for post-op use following shoulder surgery. The 3/26/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request for one Polar Ice machine is not medically necessary.

Shoulder Sling times one (1): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: Under consideration is a request for right shoulder sling. The ACOEM guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request for one shoulder sling is medically necessary.