

Case Number:	CM14-0051337		
Date Assigned:	06/23/2014	Date of Injury:	01/11/2012
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurological 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 injured worker is a 47-year-old male injured on January 11, 2012. The mechanism of injury was lifting subsequently hurting the shoulder. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of shoulder pain with overhead activity in general shoulder stiffness. Current medication included trazodone. There was a history of a prior right shoulder rotator cuff repair on December 5, 2012 and a right shoulder panscapular release and debridement on June 6, 2013. No focused physical examination was performed on this date. Previous treatment has included oral medications, work restriction, physical therapy, home exercise, subacromial injections, and surgery. A request had been made for an Ultra arm sling and a cryotherapy unit and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Arm Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Surgery for rotator cuff repairs, updated April 25, 2014.

Decision rationale: An Ultra arm sling or sling with an abduction pillow was indicated in the postoperative setting for rotator cuff repairs and labral repairs of the shoulder. However, it was not specified what type of sling was requested or if it was to be used in the postoperative setting. Without this essential information, this request for an Ultra arm sling is not medically necessary.

Cryotherapy Unit (Purchase or 7-14 day rental): 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 for Workers Compensation, online edition- Continuous Flow 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 (Acute & Chronic), Continuous flow cryotherapy, updated April 25, 2014.

Decision rationale: The postoperative use of a cryotherapy unit is recommended to help decrease pain, inflammation, swelling, and narcotic usage for up to seven days after surgery. However, this request did not state that it was to be used in the postoperative setting and it also requested usage up to two weeks' time. For these reasons, this request for a cryotherapy unit for 7 to 14 days is not medically necessary.