

Case Number:	CM14-0071479		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2012
Decision Date:	10/02/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; consultation with a shoulder surgeon, who apparently endorsed a shoulder arthroscopy. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for a Polar Ice machine and an Ultra Sling. The claims administrator invoked non-MTUS New York State Medical Treatment Guidelines in its denial. It was suggested that the applicant was pending a shoulder arthroscopy on May 21, 2014. In a progress note dated March 31, 2014, handwritten, difficult to follow, not entirely legible, it was stated that the applicant was given a refill of tramadol. It was seemingly suggested that the applicant was in the process of pursuing shoulder surgery. In another section of the same note, it was suggested that a left shoulder arthroscopy had been authorized. The note was extremely difficult to follow. In a supplemental report apparently drafted on May 7, 2014 and sent out on May 31, 2014, the attending provider stated that the applicant was scheduled to undergo surgery on May 21, 2014. Authorization for an Ultra Sling and Polar Ice machine were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sling x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Shoulder (Acute (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ODG Shoulder Chapter, Postoperative Abduction Pillow Sling topic. 2. Product description.

Decision rationale: Based on the product description, the Ultra Sling is an abduction pillow sling. The MTUS does not address the topic of postoperative abduction pillow slings. As noted in ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic, postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff repairs but are not recommended following arthroscopic surgeries. In this case, it appears that the applicant was in the process of pursuing a shoulder arthroscopy on and around May 21, 2014. Provision of abduction pillow slings such as the Ultra Sling at issue is not recommended by ODG. The attending provider did not furnish any compelling applicant-specific rationale for selection of this particular article in the face of the unfavorable guideline recommendation. Therefore, the request is not medically necessary.

Polar Ice Machine x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Shoulder (Acute (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow Cryotherapy topic.

Decision rationale: The MTUS does not address the topic of continuous-flow cryotherapy or continuous cooling devices postoperatively. While ODG's Shoulder Chapter Continuous-flow Cryotherapy topic does acknowledge that such devices are recommended as an option for surgery, ODG limits postoperative usage to seven days, including home use. In this case, however, the attending provider seemingly sought authorization for a purchase of the device in question. This is not indicated, particularly as ODG goes on to note that complications associated with overuse of cryotherapy such as frostbite are extremely rare but can be devastating. Therefore, the request is not medically necessary.