

Case Number:	CM14-0089012		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2011
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 52-year-old male cashier sustained an industrial injury on 1/27/11. The mechanism of injury was not documented. The 3/24/14 left shoulder MRI impression documented high-grade, nearly complete footprint tear of the supraspinatus, retracted approximately 4 mm. There was an oblique intrasubstance tear of the more posterior and proximal supraspinatus. There was mild delamination of the subscapularis with slight medial position of the biceps. There was articular cartilage damage of the humeral head and possible focus of calcification just anterior to the acromioclavicular joint. The 4/24/14 treating physician report cited subjective complaint of loss of strength in the left shoulder. Physical exam documented range of motion to 110 degrees and positive Neer, Hawkin's and Swimmer's shoulder tests. The treatment plan recommended left shoulder arthroscopy. The patient was off work. The 5/23/14 utilization review denied the

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/14) Postoperative pain pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative pain pump.

Decision rationale: The California MTUS guidelines are silent regarding this device. The Official Disability Guidelines state that post-operative Pain Pumps are not recommended. Guidelines state there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support for the use of post-operative Pain Pumps, this request for Pain Pump purchase is not medically necessary.

Ultrasling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The ACOEM guidelines state that the shoulder joint can be kept at rest in a sling if indicated and recommend slings as an option for patients with rotator cuff tears. The Official Disability Guidelines state that abduction pillow slings, like the Ultra Sling, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The patient has a near complete footprint tear of the supraspinatus tendon but arthroscopic repair is planned. Guidelines generally support a standard sling for post-operative use. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request for one Ultra Sling is not medically necessary.

Cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/14) 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, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding Cold Therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain,

inflammation, swelling, and narcotic usage. The use of a Cold Therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for Cold Therapy is not medically necessary.