

Case Number:	CM14-0092185		
Date Assigned:	10/10/2014	Date of Injury:	01/30/2012
Decision Date:	11/04/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Orthopedics and is licensed to practice in New York. 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:

Patient has a date of injury of January 30, 2012. MRI imaging of the shoulder from February 2014 documented prior rotator cuff surgery with some arthritis in the joint and supraspinatus tendinitis. The patient has subacromial injection with significant improvement of pain. The patient has chronic shoulder pain after previous shoulder surgery. Physical examination shows tenderness palpation of the subacromial space. There is limited range of shoulder motion. The patient is diagnosed with subacromial scarring and partial re\re tear of the rotator cuff. At issue is whether revision surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, for purchase: 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, 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 pain chapter

Decision rationale: ODG guidelines do not recommend a purchase of a cold therapy unit after shoulder surgery. Up to 7 days of cold therapy are supported by ODG guidelines. This does not require the purchase of a cold therapy unit and is not medically necessary.

Shoulder CPM, x 4 weeks 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 (ODG), Continuous Passive Motion

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

Decision rationale: ODG and MTUS guidelines do not support the use of CPM machine after shoulder surgery, therefore the request is not medically necessary.

Ultra Sling, for purchase: 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, Postoperative Abduction Pillow Sling

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

Decision rationale: There is no documentation that this patient has significant rotator cuff pathology and requires reoperation. Since surgery is not medically necessary, then all other associated items are not needed.

Post-Op Abduction Pillow Sling: 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

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

Decision rationale: There is no documentation that this patient has significant rotator cuff pathology requiring reoperation. Since surgery is not medically necessary, then all other associated items are not needed. The Abduction pillow post-operatively is not medically necessary.

Cold Therapy Unit Pad/Wrap, for purchase: 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, 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)

Decision rationale: ODG guidelines do not support the use of a purchase of cold therapy wrap after shoulder surgery. Up to 7 days of cold therapy a recommended, but this does not require the purchase of the item. In fact, medical literature does not support the benefit of cold therapy unit over conventional ice packs. The patient can easily use at home local applications of cold packs. The request is not medically necessary.