

Case Number:	CM14-0092570		
Date Assigned:	07/25/2014	Date of Injury:	01/08/2014
Decision Date:	09/08/2014	UR Denial Date:	06/09/2014
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 Physical Medicine and Rehabilitation 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 male who sustained work-related injuries on January 8, 2014. Medical records indicate that the injured worker underwent left shoulder surgery on April 25, 2014 which he tolerated well with no reported complications. Per medicals dated May 7, 2014, he complained of moderate pain controlled with Norco, Tylenol and ice, as well as difficulty in sleeping. Objective findings revealed several small skin abrasions and bruising of the left shoulder. Passive range of motion was 60/0. Post-operative left shoulder x-rays revealed type 1 acromion, excision of the distal clavicle and corkscrew anchor in the greater tuberosity. He was recommended to use his sling for six weeks, continued use of medications, avoid pressure on the olecranon bursa, follow-up visit in two weeks and possible referral to physical therapy. As per medicals dated May 14, 2014, the injured worker complained of painful swelling of the elbow with associated fever. He complained of moderate shoulder and elbow pain which was controlled with Tylenol. He remained on a sling. He also complained of increased elbow pain and swelling for three days. Objectively, passive range of motion of the shoulder was 80/0. Left elbow range of motion was 10-140 with a 10 centimeter olecranon bursa swelling. He is diagnosed with status post left rotator cuff repair, acromioplasty, Mumford and biceps tendinosis and left olecranon bursitis. There was 40-mL of blood-tinged fluid from the olecranon bursa aspiration was done. He was recommended not to use the left arm and that it should remain in the sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Pulley system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: Evidence-based guidelines indicate that passive therapy (therapy that does not require the patient's strength) can provide short-term relief during the early phases of pain treatment and can control symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly (conservatively) with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Evidence-based guidelines also indicate that a home pulley system, which is a passive modality, can be used as part of the active physical therapy sessions for those with shoulder problems. In this case, most recent medicals dated May 14, 2014 do not indicate that the injured worker was referred to undergo postoperative physical therapy sessions although medicals dated May 7, 2014 noted possible referral to physical therapy. Due to absence of any compelling reason or evidence that post-operative physical therapy sessions were started in conjunction with the use of a home pulley system, the medical necessity of the requested home pulley system is not established. The requested service is therefore not considered medically necessary.