

Case Number:	CM14-0094535		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The claimant is a 44-year-old gentleman who injured his right shoulder in a work related accident on 01/18/13. The medical records provided for review document that based on failed conservative care and an MRI that showed partial thickness supraspinatus tendon tearing, operative intervention in the form of a right shoulder capsular release, SLAP repair, rotator cuff debridement versus repair and Mumford procedure was recommended. This request is for postoperative use of purchase of a cryotherapy device, a delux sling and an abductor pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deluxe 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, Treatment Index, 11th Edition(web) 2013 Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of a deluxe sling in the postoperative period. Based on the Official Disability Guidelines, a deluxe sling would not be indicated. The Official Disability Guidelines recommend the use of a sling as an option following open repair of large and massive rotator cuff tears. The claimant's preoperative imaging indicates a partial thickness tear to the rotator cuff. Typically, the usage of custom slings and supports in the postoperative setting are reserved for larger, massive rotator cuff tears. Without documentation of larger, massive rotator cuff tear, the use of this device would not be indicated.

Abduction Pillow: 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 Index, 11th Edition(web) 2013 Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: Shoulder procedure -Postoperative abduction pillow sling.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines criteria, the use of an abductor pillow postoperatively also would not be indicated. As stated above, ODG recommends the use of this postoperative device for larger massive rotator cuff repairs. This individual has a partial thickness tearing to the rotator cuff on imaging. That, in and of itself, would not support the postoperative use of the device.

Ice Machine: 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 Index, 11th Edition(web) 2013 Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 555-556 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Continuous-flow

Decision rationale: California MTUS ACOEM Guidelines supported by Official Disability Guidelines do not recommend the use of a cryotherapy or ice machine. This individual's surgical process including a shoulder arthroscopic procedure would support the use of a cryotherapy device for up to seven days including home use. There are no parameters identified with the request for the use of the device. Therefore, the request in this case would not be supported as medically necessary.