

Case Number:	CM14-0177100		
Date Assigned:	10/30/2014	Date of Injury:	05/01/2012
Decision Date:	03/25/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 57-year-old male, who sustained an industrial injury on 05/01/12. The 2/26/13 right shoulder MRI impression cited a chronic full thickness supraspinatus tear with retraction. There was severe subscapularis tendinosis, bicipital tenosynovitis, severe biceps tendinosis, probable posterior SLAP lesion, and degenerative changes. The 1/15/14 treating physician report cited right shoulder pain with decreased range of motion, no strength, and no long lever arm activities. He had pain at night. Physical therapy had not been helpful. Physical exam documented limited range of motion, acromioclavicular (AC) joint and biceps tenderness, pain with cross arm adduction, supraspinatus weakness, and positive Yergason's and Speed's test. The diagnosis was right shoulder rotator cuff tear, AC joint derangement, and biceps tendinitis. The patient underwent right shoulder arthroscopy, rotator cuff repair, distal clavicle excision and possible biceps tenotomy on 3/11/14. On 10/08/14, utilization review non-certified retrospective requests for ARS unit and pad, and TENS unit with supplies purchased on 03/10/2014, noting that the injured worker had been authorized for a cold therapy system for post-operative pain control for 7 days and that the need for multiple modalities for post-operative pain management was not indicated. A request for smart sling with abduction pillow was modified from brand name to standard sling and abduction pillow, noting that guidelines did not support brand name durable medical equipment. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Smart sling with abduction pillow - purchase DOS: 03/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Postoperative abduction pillow sling

Decision rationale: The California MTUS are silent regarding post-op abduction pillow slings. The Official Disability Guidelines state that post-operative abduction slings are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. This patient underwent arthroscopic repair of a rotator cuff tear. The 10/8/14 utilization review modified a request for Ultra-sling to a standard sling. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.

Retrospective: ARS unit and pad-purchase DOS: 03/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Table 9-6 Page 213 regarding summary of recommendations for evaluating and managing shoulder complaints. ODG-TWC Shoulder Procedure Summary last updated 08/27/2014; regarding postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Cold compression therapy

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder. Records indicate that a cold therapy unit was certified for 7 days with the surgical procedure. There is no compelling reason to support the medical necessity of an additional cold therapy device or a combined unit in the absence of guideline support. Therefore, this request is not medically necessary.

Retrospective: TENS unit with supplies - purchase DOS: 03/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for post operative pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most

effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. The duration of this request exceeds guideline recommendations for limited use. Therefore, this request is not medically necessary.