

Case Number:	CM14-0207740		
Date Assigned:	12/22/2014	Date of Injury:	07/13/2011
Decision Date:	02/11/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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:

According to the records made available for review, this is a 53-year-old female with a 7/13/11 date of injury. At the time (11/4/14) of request for authorization for Ultra sling- shoulder sling and post-operative physical therapy (right shoulder) 3x8 weeks, there is documentation of subjective (right shoulder pain) and objective (tenderness over the shoulders, positive impingement test, and weakness on extension and flexion of shoulder) findings, current diagnoses (rotator cuff tendon tear), and treatment to date (medications, cortisone injections, and physical therapy). Medical reports identify a right shoulder arthroscopic rotator cuff repair and open acromioplasty that has been authorized/certified. Regarding Ultra sling- shoulder sling, there is no documentation of non-displaced radial head fractures or biceps tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasling- shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: MTUS reference to ACOEM guidelines identifies that sling/splint for 7 days followed by gentle range of motion exercises, and then progressive mobilization is indicated in the management of non-displaced radial head fractures. In addition, MTUS identifies that a sling is recommended in the management of severe cases of biceps tendinosis with gentle range-of-motion exercises of the elbow, but evidence is insufficient or irreconcilable for the shoulder and wrist. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff tendon tear. In addition, there is documentation of a right shoulder arthroscopic rotator cuff repair and open acromioplasty that has been authorized/certified. However, there is no documentation of non-displaced radial head fractures or biceps tendinosis. Therefore, based on guidelines and a review of the evidence, the request for Ultra sling- shoulder sling is not medically necessary.

Post-operative physical therapy (right shoulder) 3 x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff tendon tear. In addition, there is documentation of a right shoulder arthroscopic rotator cuff repair and open acromioplasty that has been authorized/certified. However, given the requested post-operative physical therapy (right shoulder) 3x8 weeks, there is no documentation that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy (right shoulder) 3 x 8 weeks is not medically necessary.