

Case Number:	CM14-0208694		
Date Assigned:	12/22/2014	Date of Injury:	07/31/2013
Decision Date:	02/18/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 21, 2013. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for an abduction pillow sling and a Polar Care unit rental. An RFA for of October 27, 2014 and associated progress notes of December 29, 2014 and September 17, 2014 were referenced in the determination. The claims administrator suggested that the request at issue represented postoperative request. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of wrist and shoulder pain were reported. A TENS unit, a functional capacity evaluation, shoulder surgery consultation, and hand surgery consultation were endorsed. On October 15, 2014, the applicant again reported multifocal pain complaints. The applicant was reportedly pending a left shoulder arthroscopy and rotator cuff repair surgery, it was stated. On December 13, 2014, the attending provider reiterated his request for a rotator cuff repair surgery and postoperative physical therapy. The applicant reportedly had a full-thickness rotator cuff tear with 1-cm retraction noted on MRI imaging. The applicant had alleged development of pain secondary to cumulative trauma, it is incidentally noted. In a September 17, 2014 progress note, the attending provider stated that he would attempt to perform an arthroscopic procedure but stated that there was a possibility that he would have to convert the procedure to an open procedure, particularly if the tears were demonstrated to be larger and/or more retracted than previously thought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit, rental for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow Cryotherapy topic.

Decision rationale: The MTUS does not address the topic. However, ODG's Shoulder Chapter, Continuous-flow Cryotherapy topic states that continuous-cooling devices can be employed for up to seven days of postoperative use. ODG argues against protracted usage of such devices, stating that complications associated with prolonged or protracted usage of cryotherapy can include frostbite, which can be potentially devastating. Here, the attending provider did not furnish any compelling applicant-specific rationale for treatment in excess of ODG parameters. Therefore, the request was not medically necessary.

Abduction pillow sling: Overturned

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 Chapter Postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative Abduction Pillow Sling topic.

Decision rationale: The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic does state that abduction pillow slings are recommended as an option following open repair of large rotator cuff tears. Here, the applicant had a large, retracted rotator cuff tear. The attending provider stated that there was a significant possibility that he might have to convert planned arthroscopic procedure to an open procedure. Usage of an abduction pillow sling, thus, would have been appropriate in the context of the large, retracted rotator cuff tear present here. Therefore, the request was medically necessary.