

Case Number:	CM14-0020055		
Date Assigned:	04/30/2014	Date of Injury:	08/23/2011
Decision Date:	03/05/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female injured worker suffered and industrial injury on 8/23/2011. This resulted from cumulative trauma. On the visit of 7/31/2013 the diagnoses included right shoulder arthroscopy 12/10/2012, Left shoulder impingement syndrome, cervical strain, stress syndrome and insomnia. There was manipulation under anesthesia on 9/30/2013 for the right shoulder capsulitis. The injured worker had 20 sessions of physical therapy prior to this procedure that did reduce the pain but did not improve the restricted range of motion. The provider retrospectively requested a Pro-sling, abductor pillow, shoulder CMP and Pro-Stim for post-operative care. The UR decisions on 2/18/2014 non-certified the requests for the following reasons: 1. Pro-Sling with abductor pillow was denied as the there was no documentation of an open repair of a large and massive rotator cuff tear to support the need per the guidelines. 2. Pro-Stim plus 3 months supplies was denied as these devices are unproven as an effective treatment alternative for long-term pain relief and not supported as a substitute for home exercise program. The shoulder CMP was not reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pro-Sling with abduction pillow, purchase 3-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.
Decision based on Non-MTUS Citation ODG Shoulder (updated 01/20/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of a shoulder sling for acute pain due to a rotator cuff tear, with acromioclavicular joint strain or separation, one to two days for severe shoulder pain with exercises to prevent shoulder stiffness, and up to three weeks after a shoulder dislocation is corrected. The submitted and reviewed documentation reported the worker was treated with a procedure for right shoulder capsulitis. Treatment recommendations included the purchase of a special type of shoulder sling for temporary use after the procedure. The MTUS Guidelines recommend renting medical equipment when it is to be used for short amounts of time. Further, there was no discussion that described circumstances that sufficiently supported the need for this sling over more routine equipment. In the absence of such evidence, the current request for the purchase of a Pro-Sling with an abduction pillow for three to six weeks of use is not medically necessary.

Retro Pro-Stim 5.0 plus 3 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain under specific circumstances and acute pain for up to thirty days after surgery. There is limited research to support its use after orthopedic surgery. The submitted and reviewed documentation reported the worker was treated with a procedure for right shoulder capsulitis. Treatment recommendations included the use of a specific type of TENS unit after the surgery. There was no discussion describing special circumstances that supported the use of this treatment for longer than thirty days. In the absence of such evidence, the current request for the retroactive purchase or rental (unspecified) of a Pro-Stim 5.0 unit with three months of supplies is not medically necessary.