

Case Number:	CM15-0003939		
Date Assigned:	01/15/2015	Date of Injury:	02/12/2014
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Minnesota, Florida
 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 (IW) is a 52 year old female, who sustained an industrial injury on February 12, 2014. She has reported right shoulder pain, neck pain and low back pain and was diagnosed with right shoulder impingement, partial thickness rotator cuff tear of the right shoulder, cervicothoracic spine myoligamentous sprain/strain, cervical disc protrusion and left elbow sprain. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, physical therapy, steroid injections and pain medications. Currently, the IW complains of continued right shoulder pain, low back pain and neck pain. The IW reported continued back, neck and right shoulder pain after a work related injury. Magnetic resonance imaging (MRI) of the right shoulder, on September 20, 2014, revealed moderate to severe rotator cuff tendinosis with low grade partial thickness tear, adhesive capsulitis and mild to moderate acromioclavicular arthrosis. MRI of the cervical spine revealed reversal of the normal lordosis, mild disc protrusions and mild bilateral facet hypertrophy. On November 25, 2014, evaluation revealed continued pain. It was noted she had undergone extensive conservative therapies including physical therapy and steroid injections. The recommendation was for right shoulder arthroscopy and post-op physical therapy. On December 11, 2014, Utilization Review non-certified a request for associated Surgical Service: 18 Post-Op Physical Therapy Sessions and associated Surgical Service: Ultra Sling, noting the MTUS, ACOEM guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested Surgical Service: 18 PostOp Physical Therapy Sessions and associated Surgical Service: Ultra Sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Ultra 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Post-operative Abduction pillow sling.

Decision rationale: ODG guidelines indicate postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The UltraSling is a pillow sling that controls rotation. There is no indication of a large rotator cuff tear on the imaging studies and a pillow sling is not recommended. As such, the request for an UltraSling is not supported by guidelines and the medical necessity is not substantiated.

Associated Surgical Service: 18 Pre-Op Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: Per IMR application this request is for 18 Post-Op Physical Therapy Sessions. The California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The postsurgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy of 12 visits and then with documentation of objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. The request as stated was for 18 postoperative visits. Utilization review modified the request to 12 visits which is appropriate and medically necessary. The requested 18 visits exceeds the guidelines and as such, the medical necessity of the request is not established.