

Case Number:	CM15-0103835		
Date Assigned:	06/08/2015	Date of Injury:	10/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 injured worker is a 32-year-old female, who sustained an industrial injury on 10/30/13. The diagnoses have included left shoulder impingement syndrome, stenosis A1 pulley right long finger/right hand status post release surgery, possible early left carpal tunnel syndrome left wrist and right wrist strain/sprain. Treatment to date has included medications, diagnostics, activity modifications, surgery right long and ring fingers, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/14/15, the injured worker's right hand is improving. The left shoulder has continued pain with reaching and increased pain at night. She complains of numbness in the left hand and decreased activities of daily living (ADL). The objective findings reveal that there is decreased range of motion in the left shoulder, positive Neer's and Hawkin's sign, tenderness to palpation over the acromioclavicular joint (AC) joint and positive crossover test. The urine drug screen dated 12/16/14 was inconsistent with medications prescribed. There are no other diagnostic reports noted. The previous physical therapy sessions were noted in the records. Treatment plan included Ultram, Ibuprofen and proceeding with surgery to the left shoulder. Of note, there are several documents within the submitted medical records that are difficult to decipher. The physician requested treatments included Abduction Pillow and Rental or Purchase of Pneumatic Intermittent Compression Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Pillow: 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 Official Disability Guidelines Shoulder - Postoperative abduction pillow sling.

Decision rationale: MTUS Guidelines do not address this specific issue. ODG Guidelines directly address this request and the Guidelines do not recommend its use under these circumstances. Guidelines state that appropriate use is limited to major or massive rotator cuff tears, repairs, and not arthroscopic surgery for impingement or smaller rotator cuff tears. No massive rotator cuff tears are suspected in this individual. The Abduction Pillow is not supported by Guidelines and is not medically necessary.

Rental or Purchase of Pneumatic Intermittent Compression Device: 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 Official Disability Guidelines Shoulder - Compression Garments.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this request and the Guidelines do not recommend the routine use of compression garments in association with shoulder surgery. If there are specific risk factors identified that demonstrate a heightened risk of thromboembolism, this request may be consistent with Guidelines, however no risk factors are noted. Under these circumstances, the request for the Rental or Purchase of Pneumatic Intermittent Compression Device is not supported by Guidelines and is not medically necessary.