

Case Number:	CM15-0136659		
Date Assigned:	07/24/2015	Date of Injury:	02/07/2006
Decision Date:	09/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, 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 69-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 7, 2006. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for a cooling system purchase, an associated cooling system pad/wrap, a shoulder rehabilitation kit, and a sling. The claims administrator referenced an RFA form received on June 22, 2015 in its determination. The claims administrator did partially approve the cooling system for seven days usage while denying the rehabilitation kit and sling outright. The claims administrator referenced a May 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 22, 2015, a continuous cooling/heating device unit, shoulder extension unit, and sling were endorsed, seemingly on a purchase basis. In an associated May 12, 2015 progress note, the applicant was described as having ongoing complaints of shoulder pain. The applicant was pending shoulder surgery, it was reported on that date. On an RFA form dated April 24, 2015, right shoulder acromioplasty and rotator cuff repair surgery were sought to ameliorate stated diagnoses of subacromial and subdeltoid bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling System for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy, Shoulder Disorders.

Decision rationale: No, the request for a cooling system for purchase purposes is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of continuous cooling devices for postoperative use purposes. However, ODG's Shoulder Chapter Continuous-flow Cryotherapy topic notes that usage of continuous-flow cryotherapy postoperatively should be limited to seven days of postoperative use. The request to purchase the device, thus, in a fact, represented treatment in excess of ODG parameters. The attending provider failed to furnish a clear or compelling rationale for such usage, particularly in the face of the ODG positions at overuse of continuous-flow cryotherapy can result in potentially severe complications such as frostbite. Therefore, the request is not medically necessary.

Cooling System Pad/Wrap, for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy, Shoulder Disorders.

Decision rationale: Similarly, the request for a cooling system pad/wrap purchase is likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for a continuous system, above, in question 1. Since that request was deemed not medically necessary, the derivative or companion request for an associated cooling system wrap/pad is not medically necessary.

Shoulder Rehab Kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Physical therapy.

Decision rationale: Similarly, the request for a shoulder rehabilitation kit is likewise not medically necessary, medically appropriate, or indicated here. The request was somewhat

ambiguous. It was not clearly stated precisely what the rehabilitation kit in question represented. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise can include functional activities with assistive devices and while ODG's Shoulder Chapter Physical Therapy topic does recommend usage of a home pulley system for stretching and strengthening purposes in applicants with shoulder pain complaints, here, again, the components in the device in question were not furnished. It was not stated whether the rehabilitation kit in question represented the home pulley system recommended by ODG or some other form of rehabilitation system. The attending provider's progress note(s) and RFA form(s) did not clearly state what these devices represented and/or how it could advance the applicant's activity level postoperatively. Therefore, the request is not medically necessary.

Ultra Sling for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (acute & chronic) - postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 11 Table 2. Summary of Recommendations for Managing Shoulder Disorders Post-operative Pain Recommended Slings and shoulder supports for post-operative shoulder pain where the appliance is used to advance the activity level (I)2. UltraSling | DJO Global www.djoglobal.com/products/donjoy/ultrasling The UltraSling provides immobilization for rotator cuff repairs, capsular shifts, Bankhart repairs, Glenohumeral dislocation/subluxation, and soft tissue.

Decision rationale: Finally, the request for an UltraSling for purchase purposes is medically necessary, medically appropriate, and indicated here. Per the product description, the UltraSling represents a sling intended to provide temporary immobilization following rotator cuff repair surgery, as was seemingly planned here. The MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does acknowledge that slings are recommended as options in the treatment of rotator cuff tears for acute pain relief purposes. Here, the applicant would likely have had postoperative pain which required temporary immobilization via a sling following planned shoulder surgery. The Third Edition ACOEM Guidelines also notes that slings are "recommended" for postoperative pain relief purposes when the appliance is used to advance the applicant's activity level. Here, again, the treating provider seemingly suggested that the device in question was intended for temporary, postoperative use purposes following planned shoulder surgery. Usage of the same was indicated, appropriate, and in-line with both the MTUS Guideline in ACOEM Chapter 9 and the Third Edition ACOEM Guidelines. Therefore, the request is medically necessary.