

Case Number:	CM15-0138789		
Date Assigned:	07/28/2015	Date of Injury:	08/25/2014
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 8/25/14. She has reported initial complaints of right shoulder snapping and making a loud popping sound while teaching. The diagnoses have included partial thickness rotator cuff tear right shoulder, acromioclavicular joint (AC) osteoarthritis, and De Quervain's syndrome. Treatment to date has included medications, sling, activity modifications, diagnostics, injections and physical therapy. Currently, as per the physician progress note dated 3/12/15, the injured worker complains of right shoulder pain especially in the acromioclavicular joint (AC). She reports that the symptoms are worsening. The physical exam of the right shoulder reveals moderate tenderness noted at the acromioclavicular joint (AC) and greater tuberosity, abduction strength is moderately decreased elevation strength is moderately decreased, external rotation strength is slightly decreased, The Hawkin's impingement sign is positive and the Neer's impingement sign is positive. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder. The report is not noted in the records. The physician notes that the patient is getting progressively worse and will require surgery. The physician requested treatments included Sling purchase for the right shoulder, Cold therapy unit rental for the right shoulder and Cold therapy pad purchase for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling, purchase, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Postoperative abduction pillow sling.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for right shoulder pain. She has a partial right rotator cuff tear and acromioclavicular joint arthritis with impingement. When seen, she was having mild to moderate pain which was worsening. Treatments had included an injection with temporary pain relief. Physical examination findings included moderate acromioclavicular joint tenderness with decreased strength and positive impingement testing. An arthroscopic right shoulder subacromial decompression and distal clavicle resection with possible rotator cuff repair was being planned. Authorization for a postoperative sling and cold therapy unit rental for an indeterminate period of time and pad purchase was requested. A post-operative abduction pillow sling can be 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. In this case, arthroscopic surgery is being planned and the claimant has a partial rotator cuff tear. Immobilization is also a major risk factor for developing adhesive capsulitis. The requested sling is not medically necessary.

Cold therapy unit ,rental, right shoulder: 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 (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for right shoulder pain. She has a partial right rotator cuff tear and acromioclavicular joint arthritis with impingement. When seen, she was having mild to moderate pain which was worsening. Treatments had included an injection with temporary pain relief. Physical examination findings included moderate acromioclavicular joint tenderness with decreased strength and positive impingement testing. An arthroscopic right shoulder subacromial decompression and distal clavicle resection with possible rotator cuff repair was being planned. Authorization for a postoperative sling and cold therapy unit rental for an indeterminate period of time and pad purchase was requested. Continuous-flow cryotherapy can be recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. Cold is believed to have therapeutic benefits including decreasing inflammation and swelling. In this

case, the duration of planned use is not specified. The requested unit rental and pad purchase are not medically necessary.

Cold therapy pad,purchase, right shoulder: 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 (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for right shoulder pain. She has a partial right rotator cuff tear and acromioclavicular joint arthritis with impingement. When seen, she was having mild to moderate pain which was worsening. Treatments had included an injection with temporary pain relief. Physical examination findings included moderate acromioclavicular joint tenderness with decreased strength and positive impingement testing. An arthroscopic right shoulder subacromial decompression and distal clavicle resection with possible rotator cuff repair was being planned. Authorization for a postoperative sling and cold therapy unit rental for an in determinant period of time and pad purchase was requested. Continuous-flow cryotherapy can be recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. Cold is believed to have therapeutic benefits including decreasing inflammation and swelling. In this case, the duration of planned use is not specified. The requested unit rental and pad purchase are not medically necessary.