

Case Number:	CM15-0139358		
Date Assigned:	07/28/2015	Date of Injury:	02/18/2013
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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 48-year-old male, who sustained an industrial injury on February 18, 2013. Treatment to date has included diagnostic imaging, left shoulder cuff repair, physical therapy, opioid medications and modified work duties. Currently, the injured worker complains of continued left shoulder pain and reports that he has had no changes in his condition. He reports limited function in the left shoulder. On physical examination, the injured worker has limited range of motion of the left shoulder. The diagnoses associated with the request include status post left shoulder rotator cuff repair, lumbosacral sprain, and cervical sprain. The treatment plan includes repeat left shoulder arthroscopy, Thermacare Unit, abduction pillow, continuation of medication, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) thermacure unit with 30-day supply and pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) - Thermotherapy; ODG, Shoulder (Acute and Chronic) - Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Continuous cooling/Compression units.

Decision rationale: The thermacure unit is a continuous cold/heat compression unit. MTUS Guidelines do not address this issue. ODG Guidelines address this issue and recommend that continuous cooling be limited to 7 days postoperative use. In addition, the Guidelines do not support the use of postoperative compression units. There are no unusual circumstances to justify an exception to Guidelines. The Durable medical equipment (DME) thermacure unit with 30-day supply and pad is not supported by Guidelines and is not medically necessary.

Durable medical equipment (DME) abduction pillow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Post operative abduction pillow.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and recommend its use with large rotator cuff surgery and "other shoulder" surgeries. This individual meets criteria of other shoulder surgeries. The rotator cuff tear is not described to be massive, but there has been a re-tear and this is the second surgery for this problem. Under these circumstances, the Durable medical equipment (DME) abduction pillow is supported by Guidelines and is medically necessary.