

Case Number:	CM15-0140276		
Date Assigned:	07/30/2015	Date of Injury:	09/08/2011
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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, Oregon, Washington
 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 is a 58 year old male with an industrial injury dated 09-08-2011. His diagnoses included right shoulder internal derangement, right acromioclavicular joint osteoarthritis and right bicep tendonitis. Prior treatment included platelet rich plasma injections, physical therapy and medication. He presents on 05-05-2015 with right shoulder pain rated as 7 out of 10. The pain was associated with giving way in right arm. Physical exam noted tenderness over the acromioclavicular joint. Neer's test was positive and impingement sign was positive. Range of motion was restricted. The provider documents MRI of right shoulder done on 03-05- 2014 showed acromioclavicular osteoarthritis and bicipital tenosynovitis. The treatment request is for: Associated surgical service: Right shoulder sling, Associated surgical service: Physical therapy for the right shoulder 3 times a week for 4 weeks and associated surgical service: Cold therapy unit for the right shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit for the 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), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, 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) Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.

Associated surgical service: Right shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.

Associated surgical service: Physical therapy for the right shoulder 3 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, pages 26 and 27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12) and Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the requested number of visits is equal to this initial course of therapy. Thus the request is medically necessary.

