

Case Number:	CM15-0187649		
Date Assigned:	09/30/2015	Date of Injury:	10/10/2012
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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 52 year old female with an industrial injury dated 10-10-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder rotator cuff tear with acromioclavicular joint (AC) joint arthrosis, right elbow lateral epicondylitis, improved and right wrist ulnar sided pain, improved. Treatment has included diagnostic studies, prescribed medications, injection and periodic follow up visits. According to the progress note dated 08-24-2015, the injured worker reported right shoulder pain. The injured worker reported that the injection that was given in the right subacromial space had worn off. The injured worker also reported difficulty sleeping due to pain and pain with shoulder motion. Objective findings (08-24-2015) revealed tenderness at the acromioclavicular joint cross body abduction pain, markedly positive Neer's and Hawkins signs and a 4 out of 5 strength with supraspinatus. Magnetic Resonance Imaging (MRI) of the right shoulder dated 12-29-2014 revealed moderate hypertrophic acromioclavicular joint (AC) arthrosis. "There was a high grade partial thickness tear of supraspinatus tendon at its insertion and focal thickness tear of the infraspinatus anterior superior fibers. Associated cystic changes in the posterior lateral humeral head with mild surrounding edema are present. Pattern can be seen in posterior superior impingement and moderate rotator cuff tendinopathy." Ultrasound of the right extremity, non-vascular dated 08-11-2014 revealed partial undersurface of the subscapularis tendon, high grade partial to near complete tear of the supraspinatus tendon with tendonosis of the remaining tendon, and acromioclavicular joint (AC) joint hypertrophy. The treating physician reported that the injured worker appears to have a full thickness tear that is small at

the border between the supraspinatus and infraspinatus. The treatment plan consisted of right shoulder surgery with associated surgical services. The treating physician requested services for post-operative cold therapy unit with pads for the right shoulder (purchase) and post-operative abduction pillow for the right shoulder (purchase). The original utilization review determination (09-01-2015) modified the request for 7 day rental of a post-operative cold therapy unit with pads and purchase of a cold therapy sterile wrap for the right shoulder and non-certified the request for post-operative abduction pillow for the right shoulder (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Cold Therapy Unit with Pads for the Right Shoulder (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, 2015, Shoulder (Acute & Chronic) 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 / Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.

Post-Operative Abduction Pillow for the Right Shoulder (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, 2015, Shoulder (Acute & Chronic) Chapter, Post-Operative 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 / abduction pillow.

Decision rationale: CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case, there is no indication for need for open rotator cuff repair. Therefore, the request is not medically necessary.