

Case Number:	CM15-0202981		
Date Assigned:	10/20/2015	Date of Injury:	05/01/2014
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 1, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator approved a right shoulder arthroscopy, partially approved preoperative labs, partially approved a request for a cold therapy unit as a 7-day rental of the same, partially approved a request for an immobilizer sling with abduction pillow as a regular sling, and approved 12 sessions of postoperative physical therapy. The claims administrator referenced a June 28, 2015 office visit, September 9, 2015 office visit, and various dates of services interspersed between June and September 2015 in its determination. The applicant's attorney subsequently appealed. On September 14, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was apparently pending shoulder surgery. A 30-pound lifting limitation was endorsed. The applicant was described as having issues with a right shoulder full-thickness supraspinatus tendon tear, calcifying tendons, and labral degeneration, superimposed on issues with the left shoulder rotator cuff tear and cervical degenerative disk disease. On September 9, 2015, the applicant was asked to pursue an arthroscopic rotator cuff repair surgery. It was suggested (but not clearly stated) that the left shoulder would be operated upon first as this was more symptomatic of the two. The applicant's past medical history was notable for hypertension, obesity, unspecified kidney disease, depression, and anxiety, it was reported. The applicant stood 5 feet 3 inches tall and weighed 215 pounds, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op surgical clearance qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation (ODG-TWC) updated 09/22/15.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Yes, the proposed preoperative surgical clearance was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 210, if surgery is a consideration, counseling regarding likely outcome, risks, benefits, and expectations is very important. Here, the applicant was described as having various comorbidities to include hypertension, obesity, renal insufficiency, depression, anxiety, etc. Obtaining a preoperative evaluation to stratify the applicant's level(s) of preoperative risk associated with the various issues was, thus, indicated. Therefore, the request was medically necessary.

Associated surgical service: cold therapy unit qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC), Chapter Shoulder (Acute & Chronic) updated 09/05/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Continuous-flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd Ed., Shoulder Disorders, Page 96, Cryotherapies.

Decision rationale: Conversely, the request for a cold therapy unit [purchase] was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy devices, as was seemingly at issue here. While the Third Edition ACOEM Guidelines Shoulder Disorders Chapter acknowledges that cryotherapies are recommended to ameliorate postoperative shoulder pain. Here, however, the request for a purchase of the cold therapy device, in effect, represented treatment outside of the perioperative role for which cryotherapy devices are recommended, per the Third Edition ACOEM Guidelines Shoulder Disorders Chapter. The request to furnish the same on a purchase basis was likewise at odds with the ODG's Shoulder Chapter, which also notes that usage of cryotherapy device postoperatively should be limited to 7 days of postoperative use. Therefore, the request was not medically necessary.

Associated surgical service: immobilizer sling with abduction pillow qty 1: 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); Chapter Shoulder (Acute & Chronic) last updated on 09/08/15.

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

Decision rationale: Finally, the request for an immobilizer sling with abduction pillow was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic notes that abduction pillow slings are not generally used for arthroscopic repair procedures but, rather, should be reserved for open or large rotator cuff repair procedures. Here, however, a comparatively minor arthroscopic shoulder surgery was pending here. Provision of a postoperative abduction pillow sling was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.