

Case Number:	CM15-0203299		
Date Assigned:	10/20/2015	Date of Injury:	06/14/2015
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
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] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 14, 2015. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve request for an abduction sling purchased under cold therapy unit purchase. The claims administrator referenced a July 2, 2015 RFA form and an associated September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 1, 2015, cold therapy unit and an abduction sling were sought on a purchase basis. On an associated progress note dated September 23, 2015, the applicant reported ongoing complaints of shoulder pain secondary to a SLAP tear, biceps tear, acromioclavicular joint degenerative disease, and shoulder impingement syndrome. A rather proscriptive 5-pound lifting limitation was proposed. The attending provider suggested that the applicant's employer was able to accommodate said limitation. The attending provider suggested that the applicant move forward with a surgical remedy. Motrin and Tramadol were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit 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 (ODG), Shoulder.

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, pg. 96

Decision rationale: No, the request for cold therapy unit purchase was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy devices. While the Third Edition ACOEM Guidelines Shoulder Disorders Chapter does acknowledge that cryo-therapies are recommended to combat peri-operative shoulder pain, here, however, the request for provision of a cold therapy unit on a purchase basis represent treatment beyond the peri-operative pain context for which such devices are recommended, per the Third Edition ACOEM Guidelines Shoulder Disorders Chapter and also represented treatment in excess of ODG's Shoulder Chapter Continuous Flow Cryotherapy topic, which notes that continuous flow cryotherapy devices are only recommended for up to 7 days of postoperative use. Therefore, the request was not medically necessary.

Abduction Sling 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 (ODG), Shoulder.

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: Similarly, the request for an abduction sling purchase was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of abduction sling for postoperative use purposes. However, ODG Shoulder Chapter postoperative Abduction Shoulder Sling topic notes that abduction shoulder slings are recommended as an option following open repair of large or massive rotator cuff tears but are generally not used for arthroscopic repairs. Here, there was no mention of the applicant's having larger massive rotator cuff repair on the September 20, 2015 office visit at issue, which suggested that the applicant primary pain generator was a labral lesion. It was suggested that the applicant was scheduled to pursue arthroscopic shoulder surgery for the same. There was no mention of the applicant's intent to pursue any kind of open shoulder surgery on or around the date in question, September 23, 2015. Therefore, the request was not medically necessary.