

Case Number:	CM15-0023069		
Date Assigned:	02/12/2015	Date of Injury:	01/27/2012
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 01/27/2012 due to an unspecified mechanism of injury. On 10/20/2014, she presented for a follow-up evaluation regarding her work related injury. She reported ongoing pain in her left shoulder. A physical examination of the left shoulder showed left sided cervical paraspinous tenderness to palpation along with myofascial tightness in the trapezius and rhomboid musculature. There was painful range of motion of the left shoulder as well as cervical spine with left lateral flexion and right sided rotation. She had decreased musculoskeletal strength on the left side with abduction when compared to the right side and deep tendon reflexes were all equal and in the bilateral upper extremities. She was diagnosed with cervical sprain and strain injury, left shoulder sprain and strain injury, repetitive strain injury, myofascial pain syndrome, and left lateral epicondylitis. The treatment plan was for deluxe postoperative arm sling and postoperative ice machine. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deluxe post op arm sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- 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, Abduction pillow sling.

Decision rationale: The Official Disability Guidelines recommend postoperative abduction slings for those who have undergone repair of a large and massive rotator cuff tear. There is no indication that the injured worker has a large and massive rotator cuff tear. Without documentation showing the injured worker is to undergo repair of a large and massive rotator cuff tear, the requested postoperative deluxe arm sling would not be supported. As such, the request is not supported. Therefore, the request is not medically necessary.

Post op ice machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- 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, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days postoperatively, but not for non-operative treatment. Assuming that a surgical intervention has been approved, there is a lack of documentation regarding the duration of use of the postoperative ice machine and whether it is being requested as a rental or a purchase. Also, the duration of use was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.