MAXIMUS Federal Services

Case Number:	CM15-0027317		
Date Assigned:	02/19/2015	Date of Injury:	01/23/2014
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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
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 44 year male who sustained an industrial injury on June 5, 1970. He has reported pain to the low back and right shoulder and has been diagnosed with right shoulder 75 % partial thickness supraspluatus tendon tear, superior labral tear, subacromial impingement and acromioclavicular joint arthrosis, status post industrial right shoulder lifting type sprain/strain injury. Treatment has included physical therapy and cortisone injection to the right shoulder. Currently the injured worker has strained his low back and right shoulder and still has pain despite treatment. The treatment plan included conservative management. On January 20, 2015 Utilization Review modified ultrasling III AB and non cerified shoulder CPM with soft goods and surgical interferential unit with supplies 1 month rental citing the MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasling III AB: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation website https://www.djoglobal.com/products/donjoy/ultrasling-iii Official disability guidelines shoulder chapter: Postoperative abduction pillow sling has the following regarding Abduction pillow brace.

Decision rationale: This patient presents with bilateral shoulder pain. The current request is for ULTRASLING 111 AB. According to https://www.djoglobal.com/products/donjoy/ultrasling-iii, The UltraSling III and UltraSling III AB provide immobilization for rotator cuff repairs, capsular shifts, Bankhart repairs, glenohumeral dislocations/subluxation and soft tissue repairs/strains. The De-Rotation Strap hooks to the UltraSling III and prevents internal rotation by securely holding the patients arm in neutral position. AB Version: Large comfortable pillow gives greater abduction where required (45 or 60). MRI report dated 1/23/14, revealed 75% partial thickness supraspinatus tendon tear. The treating physician states that the patient is an excellent candidate for right shoulder decompression distal clavicle resection, rotator cuff debridement and/or repair. Utilization review dated 1/21/15 states that the patient has been approved for surgery; however, denied the request for sling stating that a standard sling may be indicated for preventing any unnecessary stress that would impact healing. However, there is no indication that the claimant has a large or massive rotator cuff tear to support a large abduction pillow. ODG guidelines, shoulder chapter: Postoperative abduction pillow sling has the following regarding Abduction pillow brace: "Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for 'Sling for acute pain,' under rotator cuff tear and as a 'sling for comport,' for AC joint strain or separation. The ACOEM guidelines support the use of a sling/brace for rotator cuff tears. Given the MRI findings demonstrating a rotator cuff tear, the requested shoulder brace IS medically necessary.

Shoulder CPM with soft goods: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter has the following regarding continuous passive motion devices (CPM).

Decision rationale: This patient presents with bilateral shoulder pain. The current request is for SHOULDER CPM WITH SOFT GOODS. The utilization review denied the request stating that "the claimant is not undergoing any of the aforementioned procedures appropriate for CPM use." The ACOEM and MTUS do not discuss Continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its shoulder chapter has the following regarding continuous passive motion devices (CPM), "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for

nonsurgical treatment." In this case, the medical reports do not document adhesive capsulitis, but a rotator cuff tear, for which CPM devices are not indicated for. The patient does not meet the criteria provided by ODG for the use of a CPM device. This request IS NOT medically necessary.

1 month rental of surgical interferential unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with bilateral shoulder pain. The current request is for 1 MONTH RENTAL OF SURGICAL INTERFERENTIAL UNIT WITH SUPPLIES. For Interferential Current Stimulation (ICS), the MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). One of the criteria for a trial IF unit is "Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment." The patient is pending surgery and the patient's post operative condition is unknown and the patient does not meet the other criteria. This request IS NOT medically necessary.