

Case Number:	CM15-0213560		
Date Assigned:	11/03/2015	Date of Injury:	10/01/2013
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Minnesota, Florida

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 59 year old male, who sustained an industrial injury on 10-1-2013. The injured worker was being treated for right rotator cuff syndrome and right shoulder superior labral tear from anterior to posterior. The injured worker (8-24-2015 and 9-3-2015) reported ongoing right shoulder pain, which is worse with overhead reaching. The physical exam (8-24-2015 and 9-23-2015) revealed tenderness over the anterior aspect of the right shoulder, forward flexion of 160 degrees and abduction of 150 degrees with painful arc, and positive impingement and abduction signs. Per the treating physician (9-23-2015 report), an MRI of the right shoulder (undated) indicated "degenerative labral tears and high grade signal changes in the supraspinatus tendon consistent with partial tears and impingement." Treatment has included physical therapy, chiropractic therapy, off work, a steroid injection, and medications including muscle relaxant and non-steroidal anti-inflammatory. Per the treating physician (9-23-2015 report), the injured worker has not returned to work. The treatment plan included right shoulder surgery. On 8-25-2015, the requested treatments included a post-op ice machine and post-op abduction sling for the right shoulder. On 10-2-2015, the original utilization review non-certified requests for a post-op ice machine and post-op abduction sling for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op ice machine right shoulder: 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 Chapter, Continuous flow cryotherapy unit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated does not specify if this is a purchase or rental and if rental it does not specify the duration of the rental. As such, the request is not medically necessary.

Post-op abduction sling, right shoulder: 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 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 ODG: Section: Shoulder, Topic: Postoperative abduction pillow sling.

Decision rationale: With regard to the request for a postoperative abduction pillow sling, ODG guidelines are used. The guidelines recommend the postoperative abduction pillow sling as an option after open repair of large and massive rotator cuff tears. It relieves the tension from the surgical repair by keeping the arm abducted. It is not recommended for arthroscopic surgery of the shoulder. The documentation submitted does not indicate that this is a large or massive rotator cuff tear. As such, the request is not medically necessary.