

Case Number:	CM15-0214925		
Date Assigned:	11/04/2015	Date of Injury:	06/23/2010
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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 54 year old female who sustained an industrial injury on 6-23-10. A review of the medical records indicates that the worker is undergoing treatment for unspecified derangement joint shoulder, pain; shoulder, and carpal tunnel syndrome. Subjective complaints (10-12-15) include continued cervical spine pain and left shoulder and left upper extremity pain. Objective findings (10-12-15) include localized tenderness of the left shoulder, decreased power-left upper, and range of motion is severely limited with flexion of 85 degrees, extension of 20 degrees, and internal and external rotation is very limited to 45 degrees. Work status was noted as remain off work until 11-12-15. Previous treatment includes home exercise (reported as helped the left arm but causes both hands to go numb), medication, physical therapy, and acupuncture. The treatment plan includes awaiting authorization for left shoulder surgery, as it was previously approved and expired so requesting again. On 10-20-15, the requested treatment of left shoulder arthroscopy, SAD (subacromial decompression) and MUA (manipulation under anesthesia), post-op CPM (continuous passive motion) use for 3 weeks, post-op physical therapy 24 visits, cold therapy unit (rental or purchase) and Ultrasling was modified to left shoulder arthroscopy, SAD, MUA, post-op CPM for 3 weeks, post-op physical therapy 24 visits, and post-op sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold Therapy Unit (rental or 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, inflammation, swelling, and the need for narcotics after surgery. Use beyond 7 days is not supported. The request as stated is for rental or purchase of a cold therapy unit and does not specify the duration of the rental. As such, it is not supported by evidence based guidelines and the medical necessity of the request has not been substantiated.

Associated Surgical Service: Ultrasling: 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.

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

Decision rationale: With regard to the request for an UltraSling, ODG guidelines recommend postoperative abduction pillow slings following open repair of large and massive rotator cuff tears. The abduction pillow sling is not recommended for arthroscopic surgery of the shoulder. As such, the request for an UltraSling is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.