

Case Number:	CM15-0034382		
Date Assigned:	03/02/2015	Date of Injury:	12/02/2011
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 54-year-old male, who sustained an industrial injury on 12/02/2011. The diagnoses have included left shoulder rotator cuff tear. Treatment to date has included conservative measures. Urine drug screening, dated 8/05/2014, was inconsistent with prescribed medications. On 1/12/2015, the injured worker was seen for pre-operative evaluation for left shoulder surgery. Extremities showed no cyanosis or edema and peripheral pulses were intact. The PR2 report, dated 12/18/2014, noted complaints of increased left shoulder pain and sleep disturbance. Depression was increased due to pain. Exam of the left shoulder noted decreased range of motion, positive axial compression, and positive drop arm test. Magnetic resonance imaging of the left shoulder (11/2014) was documented as showing a near complete tear of the supraspinatus. On 2/12/2015, Utilization Review non-certified a request for an abductor pillow for sling, purchase, noting the lack of compliance with MTUS / ACOEM Guidelines, and also noting price discrepancies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Abductor Pillow for Sling (purchase): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding abductor pillow for sling. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. This product meets the criteria for medical need and durable medical equipment per Medicare classification. The medical indications also appear to be consistent with "active self-directed home Physical Medicine." per MTUS. It should be noted that the price is in excess of a usual and customary charge for sling pillows, but guidelines have been met. As such, the request for Durable Medical Equipment (DME) Abductor Pillow for Sling (purchase) is medically appropriate.