

Case Number:	CM15-0034428		
Date Assigned:	03/02/2015	Date of Injury:	04/30/2003
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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 69-year-old male. He has a diagnosis of left shoulder probable to massive rotator cuff tear. The clinical note from 02/02/2015 notes that he had a previous rotator cuff repair in March of 2013. The documentation states that the injured worker had radiographs of the left shoulder that noted moderate proximal humeral migration. There is a retained anchor in the greater tuberosity. He also had a rotator cuff repair in July of 2004. The injured worker stated he was having pain with reaching and a little bit of weakness. He also noted that he has pain at night and continues to exercise for his shoulder. The physical examination notes that the injured worker had limited range of motion to the shoulder level and below, tenderness over the acromioclavicular joint and 4-/5 strength. There are no documented medications being used. The treatment plan is for the injured worker to undergo a left shoulder arthroscopy with debridement vs. partial or full rotator cuff repair. A request for authorization was submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental x14 days with pad ultra sling with pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy and Postoperative Abduction Pillow Sling.

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, postoperative abduction pillow sling.

Decision rationale: The injured worker had previous rotator cuff surgeries performed in 2004 and 2013. The injured worker noted he had pain and decreased range of motion in the left shoulder. There is no documentation of an anthrogram being performed after the MRI noted there was a significant amount of artifact from the anchor in the greater tuberosity. The Official Disability Guidelines note that a cold therapy unit (cryotherapy) is only recommended for up to 7 days postoperatively including home use. The Official Disability Guidelines also note that an abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The request for a 14 day rental would exceed guideline recommendations. In addition, there was no massive tear or request for open surgery to warrant the sling. As such, the request for cold therapy unit rental x 14 days with pad ultra-sling with pillow is not medically necessary.