

Case Number:	CM15-0053791		
Date Assigned:	03/27/2015	Date of Injury:	08/08/2014
Decision Date:	05/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62 year old male, who sustained an industrial injury on 8/8/2014. He reported injury after being thrown from the sleeping berth in a tractor trailer. The injured worker was diagnosed as status post Achilles tendon rupture and surgical repair, plantar fasciitis and right shoulder impingement and labrum tear. Right shoulder magnetic resonance imaging showed impingement related tendinosis and peri-tendinitis of the tendons and non-displaced tear of the labrum. Treatment to date has included physical therapy and medication management. In a progress note dated 2/6/2015, the injured worker complains of headaches, neck pain, low back pain and bilateral shoulder pain. The treating physician is requesting post-operative multi-stimulation unit-14 day rental, continuous passive motion unit-14 day rental, Q-tech recovery system-14 day rental and shoulder Pro-sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Pro-Tech multi-stim unit- 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: The post-operative Pro-Tech Multi-Stim unit is used for a reduction in pain, swelling, and inflammation, and as an adjunctive therapy to facilitate range of motion and active physical therapy. Surgery for repair of the right rotator cuff was found to be not medically necessary. Medical necessity for the requested item has not been established. The requested 14 day rental for the post-operative Pro-Tech multi-stim unit is not medically necessary, as the proposed surgery is not medically necessary.

Post-operative continuous passive motion- 14 day rental: 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) Shoulder.

Decision rationale: The post-operative continuous passive motion(CPM) unit is used to prevent adhesions, facilitate range of motion, and to improve recovery. Surgery for repair of the right rotator cuff was not found to be medically necessary. Medical necessity for the requested item has not been established. The requested 14 day rental of the post-operative CPM unit is not applicable or medically necessary, as the proposed surgery is not medically necessary.

Post-operative Q-Tech recovery system-14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: The post-operative Q-Tech recovery system is used to decrease pain, inflammation, swelling, and narcotic usage. Surgery for repair of the right rotator cuff was not found to be medically necessary. Medical necessity for the requested item has not been established. The requested 14 day rental of the post-operative Q-Tech recovery system is not applicable or medically necessary, as the proposed surgery is not medically necessary.

Post-operative Pro-sling shoulder sling- purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: The requested post-operative Pro-sling shoulder sling purchase is not medically necessary, as the proposed surgery is not medically necessary. The post-operative abduction pillow sling is recommended as an option following open repair of large rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. The requested purchase of the post-operative shoulder sling is not applicable or medically necessary, as the proposed surgery is not medically necessary. Medical necessity for the requested item is not established. The requested item is not medically necessary.