

Case Number:	CM15-0082082		
Date Assigned:	05/04/2015	Date of Injury:	05/06/2009
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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 56 year old female who sustained an industrial injury on 05/06/2009. Diagnoses include recurrent left shoulder rotator cuff tear, post repair and decompression, symptomatic left acromioclavicular joint degenerative arthritis, failed left shoulder conservative treatment, history of right shoulder arthroscopic surgery with chronic residuals, and chronic left knee pain with a history of pes anserinus bursitis. Treatment to date has included diagnostic studies, medications, surgeries, physical therapy, knee brace, Synvisc injections, acupuncture, and cortisone injections. A physician progress note dated 03/17/2015 documents the injured worker complains of continued shoulder pain, weakness and limited range of motion that is unchanged. There is tenderness to deep palpation over the left anterior shoulder and greater tuberosity of the humerus. The treatment plan is for left shoulder surgery. Treatment requested is for abduction sling, left shoulder, purchase, cold therapy unit, left shoulder, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, left shoulder, 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 Chapter, pages 909-910.

Decision rationale: MTUS Guidelines is silent on specific use of vascultherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Cold therapy unit, left shoulder, purchase is not medically necessary and appropriate.

Abduction sling, left shoulder, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9 Shoulder, pages 204-205; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920; Post-operative Abduction Pillow Sling, page 933.

Decision rationale: Per Guidelines, a shoulder sling may be recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. Guidelines state that immobilization using sling with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity has not been established and criteria are not met. Additionally, the Official Disability Guidelines also state that postoperative abduction pillow slings are only recommended as an option following an open repair of large or massive rotator cuff tears, not indicated here. Abduction pillows for large or massive tears may decrease tendon contact to the prepared sulcus, but are not recommended for arthroscopic repairs by guideline recommendations. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The Abduction sling, left shoulder, purchase is not medically necessary and appropriate.