

Case Number:	CM15-0082624		
Date Assigned:	05/05/2015	Date of Injury:	02/14/2011
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 45 year old male sustained an industrial injury to his shoulder on 2/14/11. Diagnoses include impingement, AC joint arthrosis, rotator cuff tendinosis and rotator cuff tendonitis. Treatments to date include x-ray and MRI testing, physical therapy, surgery and prescription pain medications. The injured worker continues to experience left shoulder pain, swelling, numbness and limited range of motion. Upon examination, motor strength in all major muscle groups is 5/5 except for supraspinatus 4/5, infraspinatus 4/5 and subscapularis is 4/5 and sensation is equal to the opposite side. A request for a sling and Game ready unit for left shoulder, rental was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready unit for left shoulder, rental: 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): 195-214.

Decision rationale: This injured worker has chronic pain with possible upcoming/anticipated surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated in the records. The request is not medically necessary.

Sling for left shoulder: 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): 213.

Decision rationale: This injured worker has chronic shoulder pain with possible upcoming surgery. In this case, there is no documentation of whether the sling is for the current state or post surgical state. Prolonged use of a sling is only recommended for symptom control or for severe shoulder pain for 1-2 days, per the ACOEM. The rationale for the shoulder abduction sling is not substantiated in the records to document medical necessity. The request is not medically necessary.