

Case Number:	CM15-0086328		
Date Assigned:	05/08/2015	Date of Injury:	09/17/2014
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/05/2015

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, Hawaii
 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 31 year old female who sustained an industrial injury on 09/17/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and shoulder injections. Diagnostic studies include a MRI of the left shoulder on 03/11/15, which showed acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinosis. Current complaints include left shoulder pain. Current diagnoses include left shoulder adhesive capsulitis. In a progress note dated 03/31/15 the treating provider reports the plan of care as a left shoulder manipulation under anesthesia and possible arthroscopic lysis of adhesions, as well as medications including nonsteroidals, Ultram, and Omeprazole. The requested treatments include a post-operative cooling system and ultra-sling for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -op cooling system (purchase) with pad/wrap for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Shoulder Chapter, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: The patient has bilateral shoulder pain, left greater than right. The current request is for post-op cooling system (purchase) with pad/wrap for the left shoulder following mini rotator cuff repair. The ODG states the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. In this case, the documentation fails to establish medical necessity as there is no discussion to explain why a cooling system is necessary or superior to the use of ice packs. As such, the request is not medically necessary and recommendation is for denial.

Ultra sling purchase for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Shoulder Chapter, Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Post-operative abduction pillow sling.

Decision rationale: The patient has bilateral shoulder pain, left greater than right. The current request is for ultrasling purchase for the left shoulder. The ODG does recommend as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the records indicate a mini-rotator cuff repair. As such, the request is not medically necessary and the recommendation is for denial.