

Case Number:	CM13-0006749		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	03/11/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 10/21/2010. The mechanism of injury was stated to be the patient was on the playground and her back was turned while some children were playing ball. The patient was noted to strike the patient's legs and the patient's legs gave out and she fell forward onto the pavement. The patient was noted to undergo surgery on 10/26/2010. The patient was noted to undergo a left shoulder extensive debridement of rotator cuff and labrum, left shoulder rotator cuff repair, partial synovectomy, subacromial decompression, biceps tenodesis, and injection of local anesthetic for postoperative pain control on 05/30/2013. The patient's diagnosis was noted to be left shoulder rotator cuff tear, impingement, biceps tear, labral fraying, subscapularis undersurface tear, and synovitis. Request was made for a shoulder CPM and an abduction sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Retrospective request for a twenty one (21) day rental of a shoulder CPM with a date of 05/30/13: 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 Chapter, CPM Section.

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion for shoulder rotator cuff problems, but it is recommended as an option for adhesive capsulitis for up to 20 days. The clinical documentation submitted for review failed to provide the patient had adhesive capsulitis and failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a twenty one (21) day rental of a CPM is not medically necessary and appropriate.

A retrospective request for an abduction sling purchase with a date of service of 5/30/2013:
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 Chapter, Abduction Pillow Section.

Decision rationale: The Official Disability Guidelines indicate a postoperative abduction pillow sling is recommended as an option following an open repair of a large and massive rotator cuff tear. Per clinical documentation the patient was noted to undergo an arthroscopic surgery. There was lack of documentation indicating the patient had an open repair of a large and massive rotator cuff tear. Additionally, there was lack of documentation indicating the rationale for the requested service. Given the above, the retrospective request for an abduction sling purchase with a date of service of 5/30/2013