

Case Number:	CM14-0117619		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2012
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a 45 year old female with a 8/27/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/30/14 noted subjective complaints of 6/10 pain in the neck and pain in both shoulders leg greater than right. Objective findings included positive impingement testing on the left with weakness in the rotator cuff. It was noted that a planned rotator cuff surgery was denied. Diagnostic Impression: left rotator cuff tear, left SLAP tear Treatment to Date: medication management, physical therapy A UR decision dated 6/24/14 denied the request for sling shot for the left shoulder, purchased. ODG recommends a postoperative abduction pillow sling following an open repair of a large and massive rotator cuff tear. The requested surgery was arthroscopic, and it was denied. It also denied cool therapy unit for the left shoulder, 2 weeks rental. ODG recommends up to 7 days continuous flow cryotherapy post-operatively. However, the surgery was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling Shot 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 Guidelines

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

Decision rationale: CA MTUS does not specifically address this issue. ODG recommends abduction pillow slings 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. However, in the documents provided for review, the surgical intervention has been denied. The need for a post-operative sling is not substantiated. Therefore, the request for sling shot for left shoulder was not medically necessary.

Cool Therapy Unit for the Left Shoulder, 2 Weeks 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

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

Decision rationale: CA MTUS does not specifically address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the requested surgical intervention has been denied. A cryotherapy unit is not recommended as part of nonsurgical management. Therefore, the request for cool therapy unit for the left shoulder, 2 weeks rental was not medically necessary.