

Case Number:	CM14-0123843		
Date Assigned:	08/08/2014	Date of Injury:	06/10/2009
Decision Date:	10/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 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 53 year old claimant with Left shoulder dysfunction. The claimant has exhausted conservative care and injection therapy. The claimant has AC joint tendinosis with degenerative changes and possible intrasubstance tear. The claimant is scheduled to undergo arthroscopy and Mumford procedure. The request is for Ultrasling and cryotherapy unit purchase for the post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasling Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling

Decision rationale: This is a claimant with shoulder dysfunction about to undergo arthroscopy with possible Mumford possible. The use of Ultrasling, a post-operative abduction pillow, is reserved for open rotator cuff repairs. Its use after arthroscopic repairs is not medically

necessary. The request is not in keeping with ODG evidence based guidelines and is therefore, not medically necessary.

Cryotherapy Unit Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, continuous flow cryotherapy

Decision rationale: This is a claimant with shoulder dysfunction about to undergo arthroscopy with possible Mumford possible. The use of cryotherapy is generally reasonable for 7 days in the immediate post-operative period but its permanent purchase is not medically necessary. The request is not in keeping with ODG evidence based guidelines and is therefore, not medically necessary.