

Case Number:	CM14-0163693		
Date Assigned:	10/08/2014	Date of Injury:	10/20/2011
Decision Date:	12/15/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic surgery and is licensed to practice in Arizona. 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 55-year-old male who sustained a fall on 10/20/2011 which resulted in an injury to his shoulder. An MRI scan revealed a partial tear of the rotator cuff with degenerative changes in the acromioclavicular joint. After failing conservative treatment, the patient underwent arthroscopic surgery, repair of the rotator cuff, synovectomy of the glenohumeral joint, subacromial decompression, and excision of the distal end of the clavicle. The date of surgery was 9/8/2014. Postoperative care included a request for a left shoulder abduction brace, a CPM unit and a Vascutherm cold compression unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Abduction Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: An abduction brace is not covered by MTUS. In the ODG, A postoperative abduction pillow sling is recommended following open repair of large and massive rotator cuff

tears. This patient did not have a complete tear of the rotator cuff and the treatment was only a debridement of the undersurface of the cuff with a burning down of the bony footprint. Therefore, the medical necessity for an abduction brace or a postop abduction pillow sling is not been established.

RR Shoulder CMP x 30 days, soft goods kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 passive motion

Decision rationale: According to the ODG, Continuous passive motion is not recommended for rotator cuff problems either after surgery or for nonsurgical treatment. Therefore the medical necessity for a continuous passive motion device has not been established.

Vascutherm Cold Compression Unit x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Continuous flow cryotherapy is recommended after surgery as an option for use up to 7 days including home use but not for 30 days. Therefore, the medical necessity for a continuous flow cryotherapy unit has not been established.