

Case Number:	CM14-0175436		
Date Assigned:	10/28/2014	Date of Injury:	12/13/2012
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 Minnesota. 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:

The injured worker is a 37 year old female with a right shoulder injury of 12/13/2012 and recurrent pain related to overhead work. An MRI scan dated 02/05/2013 revealed mild hypertrophic changes of the acromioclavicular joint with slight down sloping of the acromion, edema of subacromial and subdeltoid bursae, and tendinosis of the supraspinatus tendon. A focal tear could not be excluded. A QME of 1/20/2014 documented positive Neer and Hawkins impingement signs. The worker is certified for a subacromial decompression and possible rotator cuff repair. The disputed issues pertain to a request for post-operative physical therapy 2 x 9 weeks for the right shoulder, shoulder sling with abduction pillow, and CPM rental for 6 weeks. The evidence based guidelines do not support these three requests for the surgical procedure at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Therapy 2xwk X 9 Wks To Rt Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 27.

Decision rationale: The postsurgical treatment for rotator cuff syndrome/impingement syndrome is 24 visits over 14 weeks. The postsurgical treatment period is 6 months. The initial course of therapy is 12 visits. After completion of these 12 visits if there is documentation of continuing objective functional improvement a subsequent course of therapy may be prescribed within the above parameters. The requested 18 sessions exceeds the initial course of therapy and is not medically necessary.

DME - Shoulder Sling With Abduction Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder Chapter

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

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend use of a postoperative abduction pillow sling for open repair of massive or large rotator cuff tears. It takes the tension off of the repair. The clinical examination or the imaging studies do not suggest a massive rotator cuff tear. The abduction pillow sling as requested is not medically necessary for shoulder decompression or arthroscopic rotator cuff repair per guidelines.

CPM rental x 6wks: 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), Shoulder Chapter, Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous passive motion.

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend shoulder continuous passive motion for acromioplasty or rotator cuff repair. However, it is recommended for adhesive capsulitis surgery. Based upon the guidelines the request for a CPM rental for 6 weeks is not medically necessary.