

Case Number:	CM14-0180253		
Date Assigned:	11/04/2014	Date of Injury:	11/20/2013
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with an injury date of 11/26/13. The 09/15/14 report states that the patient presents with right shoulder and left knee pain post fall 09/14/14. The patient also presents with right ankle pain and headaches. She ambulates with aid of a walking stick and she is on temporary total disability. Examination of the right shoulder shows diffuse tenderness on palpation with motion limited secondary to pain. Examination of the right ankle shows moderate soft tissue swelling along the anterior talofibular and the calcaneofibular ligaments. The 10/24/14 right shoulder arthroscopy presents a post-operative diagnosis of: Extensive debridement arthroscopic subacromial decompression, arthroscopic distal clavicle resection. The patient's diagnoses from 09/15/14 include: -Left knee contusion-Left knee lateral meniscus tear and chondromalacia of the lateral compartment and patella with synovitis status post left knee arthroscopy 06/20/14.-Right shoulder spasm from fall-Right ankle sprain-Cervical stenosis and radiculitis. The operative reports for left knee arthroscopy 06/20/14 and right shoulder arthroscopy 10/24/14 are included. The utilization review being challenged is dated 09/30/14. Reports were provided from 05/12/14 to 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two week game ready 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 (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg chapter, Game Ready accelerated recovery system, continuous flow cryotherapy

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

Decision rationale: The patient presents with right shoulder pain post 10/24/14 arthroscopy, right knee pain post 09/14/14 fall and 06/26/14 arthroscopy and right ankle pain with headaches. The treater requests for Two week game ready rental."ODG guidelines Knee & Leg Chapter, Game Ready accelerated recovery system, states it is recommended as an option after surgery and combines continuous-flow cryotherapy with the use of vaso-compression. ODG Knee & Leg Chapter and Shoulder Chapter, Continuous-flow cryotherapy, states post-operative use may be up to 7 days including home use."The treater does not discuss this request in the reports provided. The Request for Authorization is not included. The utilization of review of 09/30/14 indicates the date of the RFA is 09/23/14 and that the treatment request is for the right shoulder. In this case, the patient is post arthroscopy right shoulder and the requested unit is indicated for this treatment. However, ODG guidelines state that use is recommended up to 7 days and the request is for two weeks. Therefore, the request is not medically necessary.

Shoulder immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205-206, 209-210.

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, Immobilization

Decision rationale: The patient presents with right shoulder pain post 10/24/14 arthroscopy, right knee pain post 09/14/14 fall and 06/26/14 arthroscopy and right ankle pain with headaches. The treater requests for shoulder immobilizer. ODG guidelines Shoulder Chapter, Immobilization, state, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." Postoperative abduction pillow sling topic states, "Recommended as an option following open repair of large and massive rotator cuff tears."In this case, the requested treatment is for post-operative use following post arthroscopy but the patient has not had an "open" surgery for which an abduction pillow may be indicated. ODG does not support the use of immobilizer. Therefore, the request is not medically necessary.