

Case Number:	CM14-0092138		
Date Assigned:	07/25/2014	Date of Injury:	09/20/2011
Decision Date:	10/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

The injured worker is a 55-year-old male who reported an injury due to lifting and twisting on 09/20/2011. On 02/28/2014, his diagnoses included rotator cuff injury, status post arthroscopy and probable labral repair, recurrent right shoulder injury, right biceps tendinitis, right shoulder impingement syndrome, right shoulder SLAP lesion and cervicobrachial syndrome with cervical disc disease. His primary complaint was ongoing and continuous pain in the right shoulder. There was a positive impingement sign and positive adduction sign. The recommendations included arthroscopic surgery of the right shoulder and the worker agreed with the recommendation. The plan and recommendation by a second examining physician on 04/16/2014 agreed that a revision surgery to the right shoulder was recommended. The rationale stated that it is a standard clinical practice for an injured worker who has undergone surgery for labral tear which failed to improve and then a postoperative MRI demonstrated a persistent labral tear, to undergo a revision surgery. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Ice Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous-flow cryotherapy; Hubbard, 2004; Osbahr, 2002; Singh, 2001

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, Durable medical equipment (DME).

Decision rationale: The request for a postop ice machine is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meet's Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. An ice machine does not fall under the guidelines of durable medical equipment. Additionally, although a surgery to the right shoulder was recommended, there was no evidence in the submitted documentation that a surgery had ever taken place. Therefore, this request for postoperative ice machine is not medically necessary.

Post-op Able Abduction Sling: 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 (updated 04/25/14): Postoperative abduction pillow sling; Ticker, 2008

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

Decision rationale: The request for postop able abduction sling is not medically necessary. The Official Disability Guidelines do not recommend shoulder immobilization 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. With shoulder immobilization, there is also a major risk for developing adhesive capsulitis. A body part or parts to which the sling was to have been applied was not specified in the request. Additionally, although a surgery to the right shoulder was recommended, there was no evidence in the submitted documentation that a surgery had ever taken place. Therefore, this request for postop able abduction sling is not medically necessary.