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| Case Number: | CM14-0212764 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 05/18/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male with an injury date on 5/18/12. The patient complains of left shoulder pain, especially in the AC joint affected by activities and affecting his night sleep per 10/9/14 report. The patient was given an injection of Depo-Medrol and lidocaine into the AC joint of left shoulder, which gave good relief for a couple of weeks and then had a progressive return of symptoms to current level per 10/9/14 report. Based on the 10/9/14 progress report provided by the treating physician, the assessment is "left shoulder AC joint arthritis. There is a component of rotator cuff impingement. He may have a SLAP lesion but clinically I doubt it. MRI scan did suggest some SLAP pathology. He has not responded to conservative treatment." A physical exam on 10/9/14 showed "tenderness to palpation in the AC joint. Crepitus with range of motion." No range of motion testing of left shoulder was provided in reports. The patient's treatment history includes medications, steroid injection to shoulder. The treating physician is requesting 1 ultra-sling purchase CPM rental for 21 days and bracing for the left shoulder. The utilization review determination being challenged is dated 11/20/14 and denies request as accompanying request for left shoulder surgery has been determined not to be medically necessary. The requesting physician provided a single treatment report from 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasling-Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, TABLE 9-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter online for: Continuous passive motion (CPM).

Decision rationale: This patient presents with left shoulder pain. The treater has asked for 1 ULTRA SLING PURCHASE CPM RENTAL FOR 21 DAYS AND BRACING FOR THE LEFT SHOULDER but the requesting progress report is not included in the provided documentation. The treater suspects the patient "might have a SLAP lesion based on his MRI findings and physican examination" per 10/9/14 report. Left shoulder MRI dated 3/21/14 showed: "degenerative changes of the left AC joint with mild mass effect upon the adjacent soft tissue. Small partial thickness tear of the distal left supraspinatus tendon with tendinosis of the remainder of the supraspinatus tendon and mild tendinosis of the infraspinatus tendon. Small superior left paralabral cyst with probably tear of the adjacent glenoid labrum and degerenative changes of the glenohumeral joint." The patient will undergo a biceps tendonesis, and will require CPM per 10/9/14 report. For Shoulder Slings, ACOEM recommends as an option for Rotator Cuff tear: "Sling for acute pain" or for AC joint strain "Sling for comfort." Regarding Continuous passive motion for shoulder, ODG recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week but not for rotator cuff surgery. In this case, the patient has chronic left shoulder pain and the treater is requesting a shoulder sling and CPM for a planned biceps tenodesis and rotator cuff surgery. ODG states that a shoulder sling is indicated for AC joint strain, and a CPM machine is also indicated for adhesive capsulitis. This patient does not present with a frozen shoulder for which CPM may be indicated. The request IS NOT medically necessary.

CPM-Rental for 21 days: 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, Continuous Passive Motion

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, regarding continuous passive motion devices (CPM)

Decision rationale: The patient complains of left shoulder pain, especially in the AC joint. The current request is for CPM RENTAL FOR 21 DAYS. MRI report of the left shoulder from 3/21/14 showed degenerative changes of the left AC joint with mild mass effect upon the adjacent soft tissue. Small partial thickness tear of the distal left supraspinatus tendon with tendinosis of the remainder of the supraspinatus tendon and mild tendinosis of the infraspinatus tendon. Small superior left paralabral cyst with probably tear of the adjacent glenoid labrum and degenerative changes of the glenohumeral joint. The treating physician recommended biceps

tenodesis and rotator cuff surgery and post-operative use of CPM for 21 days. The Utilization review states that the requested surgery has not yet been certified. The ACOEM and MTUS do not discuss Continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its shoulder chapter has the following regarding continuous passive motion devices (CPM), not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. ODG further states, Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. In this case, the medical reports reviewed do not document adhesive capsulitis and the patient has been diagnosed with a rotator cuff tear. The ODG guidelines are clear that CPM devices are not recommended for rotator cuff problems. The patient does not meet the criteria provided by ODG for the use of a CPM device. This request IS NOT medically necessary.

Bracing for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The patient complains of left shoulder pain, especially in the AC joint. The current request is for BRACING FOR THE LEFT SHOULDER. MRI report of the left shoulder from 3/21/14 showed "degenerative changes of the left AC joint with mild mass effect upon the adjacent soft tissue. Small partial thickness tear of the distal left supraspinatus tendon with tendinosis of the remainder of the supraspinatus tendon and mild tendinosis of the infraspinatus tendon. Small superior left paralabral cyst with probably tear of the adjacent glenoid labrum and degenerative changes of the glenohumeral joint." The treating physician recommended biceps tenodesis and rotator cuff surgery and post-operative use bracing for the left shoulder. The Utilization review states that the requested surgery has not yet been certified. ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for "Sling for acute pain," under rotator cuff tear and as a "sling for comfort," for AC joint strain or separation. The ACOEM guidelines support the use of a sling/brace for rotator cuff tears. Given the MRI findings demonstrating a rotator cuff tear, the requested shoulder brace IS medically necessary.