MAXIMUS Federal Services

Case Number:	CM14-0214539		
Date Assigned:	01/07/2015	Date of Injury:	12/26/2013
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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, Pain Management

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 male with an original date of injury on December 26, 2013. The mechanism of injury was falling off of a dock 5 foot above the ground, and injuring his left knee and left shoulder. The patient's industrially related diagnoses are left shoulder rotator cuff tear, status post left shoulder rotator cuff repair, and left knee sprain. The patient's treatment included physical therapy, hydrocodone, Trazadone, and Tylenol. An MRI of the left shoulder on an unknown date showed complete tear of supraspinatus tendon. An MRI of the left knee on August 6, 2014 showed degenerative arthritis and chronic changes of the lateral meniscus. The patient has undergone left shoulder arthroscopic repair on February 13, 2014 and repeat left shoulder surgery on December 15, 2014. The disputed issues are the requests for Themacure 30 day rental, Thermacure pad purchase, and abduction sling purchase for the left shoulder. A utilization review on December 10, 2014 has noncertified these requests. With regards to Thermacure for 30 day rental, the utilization review stated there is no medical rationale for costly CTU units after a routine shoulder scope. Home application of ice/cold packs will suffice for edema control. Therefore, this request is not medically necessary. With regards to Thermacure pad purchase for the left shoulder, because the unit itself is not approved, the request for Thermacure pad purchase is also not medically necessary. With regards to sling purchase of the left shoulder, the guidelines recommend use of a sling/abduction pillow only after repair of large rotator cuff tears. This claimant does not fit the criteria, therefore, this request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): (s) 367-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Shoulder Chapter, Continuous Cryotherapy and Cold packs and Heat therapy Topics

Decision rationale: Regarding the request for Thermacure device rental for the left shoulder, California MTUS and ODG support the use of simple heat/cold packs. However, more sophisticated treatment is not supported except in the first 7 days following surgical intervention. Within the documentation available for review, there is no documentation supportive of the need for specialized Thermacure rather than simple heat/cold packs. Furthermore, the rental period exceeds guidelines. Therefore, the request for Thermacure device rental is not medically necessary.

Purchase of a thermacure pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): (s) 367-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Shoulder Chapter, Continuous Cryotherapy

Decision rationale: Regarding the request for Thermacure pads for the left shoulder, California MTUS and ODG support the use of simple heat/cold packs. However, more sophisticated treatment is not supported except in the first 7 days following surgical intervention. Within the documentation available for review, there is no documentation supportive of the need for specialized Thermacure rather than simple heat/cold packs. The Thermacure unit has been recommended against as specified above. Therefore, the request for Thermacure pads are not medically necessary.

Purchase of a abduction sling for the left shoulder: 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, Postoperative abductive pillow sling

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Shoulder Chapter, Post-operative Abduction Pillow Sling

Decision rationale: Regarding the request for Sling/Abduct pillow shoulder, California MTUS does not address the issue. ODG cites that postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears, but not for arthroscopic repairs. Within the documentation available for review, there is documentation of the patient having an arthroscopic left shoulder rotator cuff repair in 2/2014. At the time of the request, the patient was certified for a repeat surgery. On 12/15/2014, the patient underwent another arthroscopic procedure for left shoulder intra-articular debridement, subacromial decompression with bursectomy, anterior acromioplasty, and rotator cuff repair. In light of the above issues, the currently requested Sling/Abduct pillow for the left shoulder is not medically necessary.