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| Case Number: | CM14-0219307 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 05/12/2011 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient who sustained a work related injury on 05/12/2011. He sustained the injury due to cumulative trauma. The diagnoses included adhesive capsulitis left shoulder status post arthroscopic surgery 7/28/14, cervical spine sprain/strain, rule out herniated cervical disc radiculopathy, left hand sprain/strain with positive nerve conduction test, carpal tunnel syndrome, herniated lumbar disc with radiculopathy and headaches. Per the physician progress report dated 10/7/14 he had pain rated at 6/10, and limited range of motion in the left shoulder status post left shoulder arthroscopic surgery. Provider documentation noted the injured worker stated "there is no progress in the range of motion with physical therapy". According to a progress report dated 11/18/2014, he had left shoulder pain, cervical pain, left wrist and hand pain; altered mental status. The physical examination revealed restricted range of motion of the left shoulder and bilateral wrist and weakness of the bilateral hands. The medications list includes zanaflex, tylenol#3, ambien, xanax XR, prilosec and neurontin. He has undergone left shoulder arthroscopic surgery on 07/28/2014. He has had EMG/NCS dated 5/24/2011 which revealed bilateral carpal tunnel syndrome, left chronic active C6-7 radiculopathy; MRI left shoulder on 6/1/2011 which revealed supraspinatus and infraspinatus tear. He has had physical therapy visits for this injury. The treating physician is requesting a Pro- Sling with Abduction Sling and Optimum Rehabilitation Kit for post operative use after left shoulder manipulation under anaesthesia (not approved). On 12/16/14, Utilization Review non- certified a Pro-Sling with Abduction Sling and Optimum Rehabilitation Kit, noting the California Medical Treatment Utilization Schedule and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-sling with abduction sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 212-213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Summary of Recommendations for Evaluating and Managing Shoulder Complaints -- page 213. Decision based on Non-MTUS Citation Chapter: Shoulder (updated 02/27/15) Postoperative abduction pillow sling

Decision rationale: Per the cited guidelines 'Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction (C)Same for AC separations or severe sprains (D)' In addition per the ODG, Postoperative abduction pillow sling is 'Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).'Per the records provided pro sling with abduction sling is requested for use after left shoulder manipulation under anesthesia. Evidence of open repair of large and massive rotator cuff tears or shoulder dislocation and reduction is not specified in the records provided. Evidence that patient has undergone shoulder manipulation under anesthesia is also not specified in the records provided. The medical necessity of Pro-sling with abduction sling is not fully established for this patient.

Optimum rehab kit: 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, Home exercise kits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Shoulder (updated 02/27/15) Home exercise kits

Decision rationale: Per the ODG, home exercise kit/optimum rehab kit is 'Recommended See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012).'Per the records provided optimum rehab kit is requested to use after left shoulder manipulation under anesthesia. Evidence that patient has undergone shoulder manipulation under anesthesia is not specified in the records

provided. Response to conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Optimum rehab kit is not fully established for this patient.