

Case Number:	CM15-0123984		
Date Assigned:	07/08/2015	Date of Injury:	10/09/2013
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 26 year old male who sustained an industrial /work injury on 10/9/13. He reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff tendinosis with acromioclavicular joint arthrosis and impingement. Treatment to date includes medication, cortisone injection, surgery (arthroscopic surgery with decompression of left shoulder) and physical therapy. MRI results were reported on 10/22/13 of the left shoulder. Currently, the injured worker complained of continued left shoulder pain that hindered activities of daily living and sleeping on the shoulder. Per the orthopedic physician's report (PR-2) on 6/3/15, limited range of motion due to nagging pain, wasting of the shoulder muscles, well healed surgical scars, tenderness with palpation over the acromioclavicular joint laterally, positive Neer test, drop arm test, and Hawkin's test. Current plan of care included arthroscopic examination, surgery, for the left shoulder. The requested treatments include 10 day cold therapy unit rental and sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day cold therapy unit 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, Shoulder.

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

Decision rationale: Pursuant to the Official Disability Guidelines, 10-day cold therapy unit rental is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Post-operative use maybe for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however, the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tendinosis with acromioclavicular joint arthrosis and impingement; and history left shoulder arthroscopy with decompression performed April 1, 2014. The date of injury is October 9, 2013. The request for authorization is dated June 10, 2015. According to a progress note dated June 3, 2015, the injured worker underwent the left shoulder arthroscopy with decompression April 1, 2014. The treating provider feels the injured worker needs a redo of the left shoulder surgery. The surgical procedure has not been authorized at this time. The treating provider is requesting a continuous flow of cold therapy unit. The request is premature because the surgical procedure has not yet been approved. Additionally, a seven-day rental is appropriate, not a 10 day rental. Consequently, absent clinical documentation with authorization for a repeat left shoulder arthroscopy and an improper ten-day rental (seven day postoperative use is indicated), 10-day cold therapy unit rental is not medically necessary.

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.

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

Decision rationale: Pursuant to the Official Disability Guidelines, sling is not medically necessary. A postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. The sling/abduction pillow keeps the arm in a position that takes tension often repaired tendon. For additional details see ODG. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tendinosis with acromioclavicular joint arthrosis and impingement; and history left shoulder arthroscopy with decompression performed April 1, 2014. The date of injury is October 9, 2013. The request for authorization is dated June 10, 2015. According to a progress note dated June 3, 2015, the injured worker underwent the left shoulder arthroscopy with decompression April 1, 2014. The treating provider feels the injured worker needs a redo of the left shoulder surgery. The surgical procedure has not been authorized at this time. The treating provider is requesting a postoperative abduction pillow. The request is premature because the surgical procedure has not

yet been approved. Additionally, the postoperative abduction pillow sling is recommended following open repair of large and massive rotator cuff tears. There is no clinical indication for the sling following shoulder arthroscopy surgical repair. Consequently, absent clinical documentation with authorization for the left shoulder arthroscopy and an improper clinical indication for arthroscopy (indication follows open repair of large and massive rotator cuff tears), sling is not medically necessary.