

Case Number:	CM15-0125457		
Date Assigned:	07/10/2015	Date of Injury:	04/21/2011
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
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: North Carolina

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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 04/21/2011. She has reported injury to the neck, shoulders, back, and feet. The diagnoses have included cervical thoracic strain/arthrosis; bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tear; bilateral carpal tunnel syndrome and cubital tunnel syndrome; lumbosacral strain/arthrosis; bilateral plantar fasciitis; umbilical hernia; and bilateral lower extremity varicose veins. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and home exercise program. Medications have included Hydrocodone and Ibuprofen. A progress note from the treating physician, dated 06/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing neck complaints; she feels that her shoulders are more painful; the right side is the more symptomatic of the two; still getting some numbness in her hands; gastritis from Ibuprofen; she is going to consider surgery for her umbilical hernia; and she has been told that her varicose veins would be improved by weight loss. Objective findings have included tenderness to the right shoulder acromioclavicular joint; there is cross body adduction pain localizing to the acromioclavicular joint; she has full active assist range of motion in all directions; positive Neer's and Hawkins signs; supraspinatus strength is 4/5; and she appears to have some signal within the supraspinatus insertion, which might be a partial tear, intrasubstance. The treatment plan has included surgical intervention of the right shoulder. Request is being made for abduction pillow for purchase right shoulder; and smart sling for purchase right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Pillow for purchase right 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, Postoperative abduction pillow sling.

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

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states that the requested equipment is indicated as an option following open repair of large and massive rotator cuff tears. They are not indicated after arthroscopic surgery. Review of the provided clinical documentation does not show that the patient has undergone an open repair of a large/massive rotator cuff tear. Therefore, the request is not medically necessary.

Smart Sling for purchase right 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, Postoperative abduction pillow sling.

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

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states that the requested equipment is indicated as an option following open repair of large and massive rotator cuff tears. They are not indicated after arthroscopic surgery. Review of the provided clinical documentation does not show that the patient has undergone an open repair of a large/massive rotator cuff tear. Therefore, the request is not medically necessary.