

Case Number:	CM15-0171960		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2011
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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

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 58 year old female, who sustained an industrial injury on May 5, 2011. She reported pain in the right side of her lower back and right hip. The injured worker was diagnosed as having strain and sprain of her lower back. On July 19, 2011, she reported pain in her right upper extremity after another industrial injury. Current diagnoses included right shoulder impingement syndrome, right shoulder rotator cuff tendinopathy and right shoulder rule out rotator cuff tear versus labral pathology. Treatment to date has included diagnostic studies, injections, physical therapy, medication and home exercises. Notes stated that she had two injections in the right shoulder and "failed conservative treatment modalities." On July 20, 2015, the injured worker complained of right shoulder pain with limited range of motion and limited function of the right upper extremity. She also reported low back pain with radiating pain into the right lower extremity. Physical examination of the right shoulder revealed tenderness on palpation. Range of motion was restricted in all planes with flexion to 140 degrees, extension to 40 degrees, abduction to 135 degrees, external rotation of 90 degrees and internal rotation to 68 degrees. Impingement signs and supraspinatus test was positive on the right. The treatment plan included additional physical therapy, home exercise program, surgery, medications and a new MRI evaluation of the right shoulder in preparation for right shoulder surgery. On August 28, 2015, utilization review denied a request for abduction rotational control shoulder immobilizer and interferential unit. New MRI dated 8/6/15 revealed high grade partial thickness undersurface tear of the supraspinatus with 5-% involvement of the tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction rotational control shoulder immobilizer: Overturned

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

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/Postoperative abduction pillow sling.

Decision rationale: According to ODG's shoulder chapter, 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 off the repaired tendon. In this case, the injured worker has undergone new magnetic resonance imaging dated 8/6/15 in preparation for right shoulder surgery. The imaging study revealed high grade partial thickness under surface tear of the supraspinatus with 50% involvement of the tendon. Per ODG, postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. The injured worker will be undergoing shoulder surgery, and the request for Abduction rotational control shoulder immobilizer is medically necessary and appropriate.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The CA MUTS guidelines state that Interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has been proposed to undergo shoulder surgery. However, the medical records do not establish that the injured worker meets the criteria for an Interferential unit. The request for Interferential Unit is not medically necessary and appropriate.