

Case Number:	CM15-0040701		
Date Assigned:	03/10/2015	Date of Injury:	10/29/2013
Decision Date:	06/02/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: Orthopedic Surgery, Sports 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 50-year-old male who reported an injury on 10/29/2013. The mechanism of injury was not provided. The injured worker was noted to be approved for shoulder surgery due to MRI findings and objective findings on physical examination. The diagnosis was impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy (purchase): 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, Continuous-Flow Cryotherapy.

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, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate continuous flow cryotherapy is recommended postoperatively for up to 7 days. The surgical intervention was approved and the rental for a continuous flow cryotherapy would be appropriate for 7 days. However, there was a lack of documented rationale for a Q Tech cold therapy purchase. Given the above, the request is not medically necessary.

Half Arm Wrap (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ProSling II (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines indicate that a postoperative abduction pillow sling is recommended as an option following the open repair of a large and massive rotator cuff tear. The surgical intervention was approved. The clinical documentation submitted for review failed to indicate the injured worker was going to have an open repair of a large and massive rotator cuff tear. Given the above, the request is not medically necessary.

Abduction Pillow (purchase): 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, 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 chapter, Postoperative abduction pillow sling.

Decision rationale: The Official Disability Guidelines indicate that a postoperative abduction pillow sling is recommended as an option following the open repair of a large and massive rotator cuff tear. The surgical intervention was approved. The clinical documentation submitted for review failed to indicate the injured worker was going to have an open repair of a large and massive rotator cuff tear. Given the above, the request is not medically necessary.

Universal Therapy Wrap: 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, Compression Garments.

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, Compression Therapy.

Decision rationale: The Official Disability Guidelines indicate that compression garments are not generally recommended in the shoulder as deep vein thrombosis and pulmonary embolism events are not common complications. Additionally, they recommend a preoperative workup to uncover possible risk factors for deep venous thrombosis. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.