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| Case Number: | CM15-0096744 | | |
| Date Assigned: | 05/27/2015 | Date of Injury: | 01/17/2001 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old man sustained an industrial injury on 1/17/2001 after slipping on ice. Evaluations include right shoulder MRI dated 7/24/2014. Diagnoses include acromioclavicular joint arthritis and synovitis, rotator cuff tendinitis, and impingement. Treatment has included oral medications, activity modification, steroid injections, and physical therapy. Physician notes dated 4/20/2015 show complaints of right shoulder pain. Recommendations include surgical intervention, home exercise program, stretching, and ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Ultra sling, quantity: 1: 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 (updated 05/04/15) - Online Version, Postoperative abduction pillow.

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: CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. The Ultrasling is an abduction pillow sling. In this case there is no indication for need for open rotator cuff repair and the request is therefore not medically necessary.

Postoperative contrast compression unit/theramacure rental, quantity: 7 days: 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 (updated 05/04/15) - Online Version, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, shoulder, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Cold compression is not recommended. Based on these guidelines, the request is not medically necessary.