

Case Number:	CM15-0097920		
Date Assigned:	05/29/2015	Date of Injury:	10/31/2013
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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: Emergency 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:

This 38 year old woman sustained an industrial injury on 10/31/2013. The mechanism of injury is not detailed. Diagnoses include status post left shoulder surgery. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 4/13/2015 show complaints of left shoulder pain rated 7/10. Recommendations include continue post-operative physical therapy, Tramadol ER, Hydrocodone/Acetaminophen, Pantoprazole, Cyclobenzaprine, and follow up in three weeks. Further recommendations were made a subsequent email dated 4/20/2015 for a Game ready unit, G. R. shoulder wrap, and shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready unit rental for 15 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, Shoulder Chapter (updated 04/03/15) - Online Version, Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The requested Game ready unit rental for 15 days is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker is status post left shoulder surgery. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 4/13/2015 show complaints of left shoulder pain rated 7/10. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, Game ready unit rental for 15 days is not medically necessary.

G.R. shoulder wrap rental for 15 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, Shoulder Chapter (updated 04/03/15) - Online Version, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The requested G.R. shoulder wrap rental for 15 days is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker is status post left shoulder surgery. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 4/13/2015 show complaints of left shoulder pain rated 7/10. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, G.R. shoulder wrap rental for 15 days is not medically necessary.

Shoulder brace 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 Chapter (updated 04/03/15) - Online Version, Post-operative 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 (Acute & Chronic), Immobilization, Postoperative abduction pillow sling.

Decision rationale: The requested Shoulder brace purchase is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling, recommends no more than short-term immobilization of the shoulder joint and only recommends a postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The injured worker is status post left shoulder surgery. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 4/13/2015 show complaints of left shoulder pain rated 7/10. The treating physician did not document the medical necessity for use of a shoulder brace after the immediate post-op period. The criteria noted above not having been met, Shoulder brace purchase is not medically necessary.