

Case Number:	CM13-0050011		
Date Assigned:	04/07/2014	Date of Injury:	03/09/2011
Decision Date:	05/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury on 03/09/2011. The mechanism of injury was the injured worker assisted a certified nursing assistant to pull a 200-pound resident up in bed, and as the injured worker pulsed the resident up, the injured worker felt pain in the neck radiating down to the left shoulder and arm. The documentation of 09/20/2013 revealed the injured worker had an MRI of the left shoulder with a small intrasubstance tear, and per the physician, it was opined there was a downward sloping of the acromion, along with intrasubstance partial-thickness tear of the supraspinatus tendon of the rotator cuff. The treatment plan included a subacromial decompression and acromioplasty with rotator cuff debridement and possible rotator cuff repair. The diagnosis included industrial left shoulder partial-thickness rotator cuff tear with chronic rotator cuff impingement of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT WITH WRAP (FOR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: ACOEM Guidelines indicate that local applications of cold during the first few days of acute complaints, and thereafter, there should be application of heat. There was a

lack of documentation indicating a necessity for cold therapy versus a simple cold pack. There was no DWC Form RFA nor PR-2 submitted to request the cold therapy. As such, it was unclear per the documentation if the cold therapy unit with wrap was for preoperative use or postoperative use. If the surgery was approved and the request was for postoperative use, secondary guidelines would be applied. Official Disability Guidelines recommend continuous-flow cryotherapy for 7 days postoperatively. They do not recommend purchase. Given the above and the lack of clarification, the request for a cold therapy unit with wrap for purchase is not medically necessary.

ARC SHOULDER SLING (FOR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: ACOEM Guidelines indicate a sling is appropriate for acute pain for rotator cuff tear. However, as there was a lack of documentation indicating if the sling was for pre-operative or postoperative use, secondary guidelines were sought. 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. The clinical documentation submitted for review failed to indicate the injured worker had been approved for the surgical procedure. There was a lack of documentation indicating the injured worker had a large massive rotator cuff tear. Given the above, the request for arc shoulder sling for purchase is not medically necessary.