

Case Number:	CM14-0142127		
Date Assigned:	09/10/2014	Date of Injury:	05/17/2013
Decision Date:	10/20/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in California. 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 45 year old male whose date of injury is 05/17/2013. The mechanism of injury is described as repetitive work duties. Diagnoses are bilateral lateral epicondylitis, bilateral extensor tendinitis, impingement syndrome, bilateral wrist sprain and cervical spine sprain. Treatment to date includes physical therapy, medication management, home exercise program and cortisone injections. The injured worker has been authorized for left shoulder arthroscopy, subacromial decompression, Mumford repair of rotator cuff, 7 day rental of cold therapy unit and postoperative physical therapy. The injured worker underwent surgical intervention on 08/27/14. He continues to wear a sling. Incisions are healing well. There is no erythema and no drainage.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COLD THERAPY UNIT (PURCHASE OR RENTAL): 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, Continuous flow cryotherapy

Decision rationale: Based on the clinical information provided, the request for 1 cold therapy unit for purchase or rental is not recommended as medically necessary. The injured worker has been authorized for left shoulder arthroscopy, subacromial decompression, Mumford repair of rotator cuff, 7 day rental of cold therapy unit and postoperative physical therapy. The injured worker underwent surgical intervention on 08/27/14. The Official Disability Guidelines would support up to 7 day rental of a cryotherapy unit which has previously been authorized, and there is no clear rationale provided to support exceeding this recommendation.

1 ABDUCTION PILLOW: 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: Based on the clinical information provided, the request for 1 abduction pillow is not recommended as medically necessary. The injured worker has been authorized for left shoulder arthroscopy, subacromial decompression, Mumford repair of rotator cuff, 7 day rental of cold therapy unit and postoperative physical therapy. The injured worker underwent surgical intervention on 08/27/14. The Official Disability Guidelines note that postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The submitted records fail to establish that this injured worker underwent open repair of large and massive rotator cuff tears. Therefore, medical necessity is not established.