

Case Number:	CM14-0142307		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2012
Decision Date:	10/06/2014	UR Denial Date:	08/12/2014
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 Orthopedic Surgery 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:

According to the records made available for review, this is a 34-year-old male with a 5/8/12 date of injury, and left shoulder decompression arthroscopy on 5/21/14. At the time (8/12/14) of the Decision for Ultra sling unit purchase, Cold therapy wrap purchase, Shoulder kit purchase, and Hot/cold compression unit purchase, there is documentation of subjective (pain, stiffness, and weakness in the left shoulder) and objective (tenderness over the shoulder with spasm and decreased strength) findings, current diagnoses (sprains and strains of unspecified site of shoulder and upper arm and status post left shoulder decompression arthroscopy), and treatment to date (medications). Regarding Ultra sling unit, there is no documentation of non-displaced radial head fractures or biceps tendinosis. Regarding Shoulder kit, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra sling unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: MTUS reference to ACOEM guidelines identifies that sling/splint for 7 days followed by gentle range of motion exercises, then progressive mobilization is indicated in the management of non-displaced radial head fractures. In addition, MTUS identifies that a sling is recommended in the management of severe cases of biceps tendinosis with gentle range-of-motion exercises of the elbow, but evidence is insufficient or irreconcilable for the shoulder and wrist. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder decompression arthroscopy. However, there is no documentation of non-displaced radial head fractures or biceps tendinosis. Therefore, based on guidelines and a review of the evidence, the request for Ultra Sling Unit Purchase is not medically necessary.

Cold therapy 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder decompression arthroscopy. However, the requested Cold therapy wrap purchase exceeds guidelines (up to 7, including home use). Therefore, based on guidelines and a review of the evidence, the request for Cold Therapy Wrap Purchase is not medically necessary.

Shoulder kit 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) Pain, Exercise and Shoulder, Home Exercise Kit

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical

information available for review, there is documentation of a diagnosis of status post left shoulder decompression arthroscopy. However, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for Shoulder Kit Purchase is not medically necessary.

Hot/cold compression unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder decompression arthroscopy. However, the requested Hot/cold compression unit purchase exceeds guidelines (up to 7 days including home use). Therefore, based on guidelines and a review of the evidence, the request for Hot/Cold Compression Unit Purchase is not medically necessary.