

<b>Case Number:</b>	CM13-0025142		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 55-year-old female who reported injuries to her neck and left upper extremity as a result of a work-related accident that reportedly occurred on November 2, 2011. Clinical information that was available for review included a progress report of October 16, 2013 with [REDACTED] that indicates continued complaints of upper back pain and left shoulder pain with associated numbness and tingling to the third through fifth digits of the left hand. Objectively, there was 176 degrees of left shoulder flexion, 135 degrees of abduction with 5/5 motor strength and no acute findings documented. The claimant's working diagnosis was status post left shoulder surgery July 17, 2013 with postoperative adhesive capsulitis, acromioclavicular osteoarthritis, and cervical disc syndrome. The operative report for review of July 17, 2013 stated the claimant underwent subacromial decompression, distal clavicle excision, debridement of a partial rotator cuff tear, debridement of the labrum, and an extensive bursectomy. There are postoperative requests for a pro-sling abduction pillow for purchase, a circulating heat and cold water pump, and a Q-Tech recovery system with compressive wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech recovery system with wrap E1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Game Readyâ&ç accelerated recovery system..

**Decision rationale:** The California MTUS ACOEM guidelines are silent. When looking at the Official Disability Guideline criteria, "The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system". Based on the available guidelines, a Q-tech Recovery System with wrapping device would not be indicated. The guidelines do not support the use of compressive therapy devices or any combination system as there is a lack of published high quality studies to support their use. While studies do support isolated use of cryotherapy devices for a seven day rental, the requested device is a combination unit and as such it would not be considered as medically necessary.

**Water circulating heat E0655:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Game Readyâ&ç accelerated recovery system..

**Decision rationale:** Based on the Official Disability Guidelines, as California ACOEM and MTUS guidelines are silent, a heat compressive pump would not be indicated. As stated above, the role of combination therapy devices are not recommended for use in the postoperative setting. The requested urgent water circulating heat pump therefore cannot be considered as medically necessary.

**Water circulating cold E0249:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure Chapter, Game Readyâ&ç accelerated recovery system..

**Decision rationale:** Based on the Official Disability Guidelines as stated above, the role of a cold pump in this case would also not be indicated. The role of a cold pump is being utilized as a combination device with a heat system and compressive wrap in the form of a Q-Tech recovery system. This combination device does not have literature to support its role in the postoperative setting. The specific request would not be indicated.

**Purchase of a Pro-sling with abduction pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 Official Disability Guidelines as California ACOEM and MTUS guidelines are silent, an abduction pillow sling in this case would not be indicated. The guidelines only recommend their role in the setting of larger massive rotator cuff repair procedures. The operative report in this case indicates the claimant underwent a debridement to the rotator cuff with no formal repair noted. The role of this advanced postoperative sling thus would not be indicated.