

<b>Case Number:</b>	CM13-0032357		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 48-year-old female who works as a certified nurse assistant and sustained an injury on January 25, 2013 when she was trying to support a patient with both hands. She felt a pulling sensation on the right side of her neck. She had an MRI scan of her shoulder which revealed a type II acromion, acromioclavicular arthritis, and no labral tear or separation. She had an injection into her right shoulder and into her back. The patient subsequently underwent arthroscopic surgery on September 20, 2013. After the surgery her right shoulder was worse and her lower back was worse. The patient has constant pain in her right shoulder and in her lower back associated with stiffness. She also complains of numbness and weakness in her legs. She wears a back brace and has limited physical activities. Examination revealed decreased spinal motion as well as decreased motion of the right shoulder associated with tenderness on palpation. The requests are made for postoperative care of the arthroscopy the patient had for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ABDUCTION PILLOW/SLING FOR RIGHT SHOULDER-PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 551-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ,Shoulder Section, Postoperative Abduction Pillow Sling.

**Decision rationale:** The MTUS guideline does not specifically address postoperative abduction pillow slings. The ODG recommended for open repair of massive rotator cuff tears in order to keep tension off the repair; it is not even recommended for arthroscopic repairs. Therefore, the medical necessity for postoperative use of right abduction pillow sling for subacromial decompression and resection of the distal end of the clavicle has not been establish.

**COLD THERAPY UNIT-PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Continuous-flow cryotherapy

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

**Decision rationale:** The ODG states cold therapy is a recommended option after surgery for use up to 7 days. However, the medical necessity of purchasing a cold therapy unit for use up to 7 days has not been established.