

<b>Case Number:</b>	CM13-0042550		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Family Practice, 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:

The patient is a 43-year-old male who reported an injury on 08/11/2011. The patient is diagnosed with bilateral shoulder sprain/strain and lumbar spine sprain/strain. The patient was seen by [REDACTED] on 08/06/2013. The patient reported left shoulder pain with limited range of motion. The physical examination revealed a well-healing wound as well as tenderness to palpation and decreased range of motion. The recommendations included removal of stitches as well as continuation of an A stimulator, hot/cold contrast unit, and ARC shoulder sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an ARC Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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:** The Official Disability Guidelines (ODG) state postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. As per the documentation submitted for review, there is no evidence that this patient has

undergone open repair of large and/or massive rotator cuff tear. The documentation of an operative report was not provided for review. Additionally, there were no imaging studies provided for review. The medical necessity has not been established. Therefore, the request is non-certified.

**Purchase of an A stimulator unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** A-stim therapy is an anti-inflammatory based treatment modality. The California MTUS Guidelines recommend TENS (Transcutaneous electrical nerve stimulation) unit as a treatment option for acute postoperative pain in the first 30 days post surgery. There is no indication of a contraindication to TENS therapy as opposed to an A stimulator. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

**Purchase of a hot/cold unit with compression device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy, Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines (ODG) state continuous flow cryotherapy is recommended as an option after surgery, generally up to 7 days including home use. The current request for a purchase of a hot and cold unit with compression device exceeds guideline recommendations for a total duration of 7 days. Additionally, Official Disability Guidelines recommend monitoring the risk of peri-operative thromboembolic complications in both acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no indication that this patient is at high risk for developing a postoperative venous thrombosis. There is also no documentation of a contraindication to anticoagulation therapy as opposed to a motorized unit. Based on the clinical information received, the request is non-certified.