

<b>Case Number:</b>	CM13-0045508		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old male who reported an injury on 05/01/2013. The patient is currently diagnosed with cervical spine strain and sprain, right shoulder sprain and strain with impingement and type 3 acromion, and left wrist/forearm pain. The patient was seen by [REDACTED] on 10/14/2013. The patient reported persistent right shoulder pain. The physical examination was not provided. The treatment recommendations included an arthroscopy of the right shoulder with subacromial decompression, Mumford procedure, and repair of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**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:** The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use in generally may be up to 7 days, including home use. As per the documentation submitted, a request for authorization was submitted on 10/14/2013 for a right shoulder arthroscopy. There is no indication that the patient's requested procedure has been authorized. While the patient may meet criteria for a postoperative cold therapy unit for 7 days, the request for a purchase cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Post-operative abduction pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**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 state postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears. Postoperative abduction pillows are not recommended for arthroscopic repairs. There is no indication that this patient will undergo an open repair of a large and massive rotator cuff tear. Based on the clinical information received and the Official Disability Guidelines, the patient does not currently meet criteria for the requested durable medical equipment. As such, the request for one (1) post-operative abduction pillow between 10/14/2013 and 12/01/2013 is non-certified.