

<b>Case Number:</b>	CM14-0109875		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 34-year-old gentleman was reportedly injured on May 8, 2012. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of left shoulder pain status post surgery. The physical examination demonstrated left shoulder tenderness and spasms. The prior incision from surgery was intact. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left shoulder arthroscopic debridement, chondroplasty, acromioplasty, and distal clavicle resection on May 21, 2014 and physical therapy. A request had been made for an ARS pad/wrap for purchase, a shoulder exercise kit for purchase, and ultra sling for purchase, and an ARS hot/cold compression device for purchase and was not certified in the pre-authorization process on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARS Hot/Cold Compression 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, Cold Compression Therapy, Updated August 27, 2014

**Decision rationale:** According to the Official Disability Guidelines, cold compression therapy is not recommended for use in the shoulder and there are no published studies indicating its benefit for Shoulder usage. As such, this request for an ARS hot/cold compression device for purchase is not medically necessary.

**Shoulder Exercise 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), Shoulder, Exercises, Updated August 27, 2014.

**Decision rationale:** According to the attached medical record the injured employees currently participating in postoperative physical therapy. There is no stated need for additional equipment needed for home exercise. As such, this request for a shoulder exercise kit for purchase is not medically necessary.

**Ultra Sling 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.djoglobal.com/products/██████████>

**Decision rationale:** A ██████████ Ultra Sling is indicated for immobilization after rotator cuff repairs, capsular shifts, Bankhart repairs, glenohumeral dislocations, and soft tissue repairs. As the injured employees recent shoulder surgery did not incorporate any of these repairs, this request for an Ultra Sling for purchase is not medically necessary.

**ARS Pad/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, Cold Compression Therapy, Updated August 27, 2014.

**Decision rationale:** As the accompanying request for an ARS hot/cold compression unit has been determined not to be medically necessary, so is this request for an ARS pad/wrap for purchase.

