

<b>Case Number:</b>	CM14-0113055		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain Medicine 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 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:

This is a patient with a date of injury of 5/12/11. A utilization review determination dated 7/15/14 recommends non-certification of Pro-Sling with abduction pillow and 45-day rental of a motorized hot or cold unit. It noted a pending left shoulder arthroscopy, subacromial decompression, and possible rotator cuff repair. 7/1/14 medical report identifies left shoulder pain with limited ROM, tenderness, and positive impingement testing. The provider requested surgery, internal medicine evaluation for surgical clearance, a hot/cold contrast unit, and an abduction sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Sling with 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.

**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:** Regarding the request for Pro-Sling with Abduction Pillow, California MTUS does not address the issue. ODG notes that postoperative abduction pillow slings are

recommended as an option following open repair of large and massive rotator cuff tears, but are not used for arthroscopic repairs. Within the documentation available for review, the documentation does not identify that open repair of a large rotator cuff tear is part of the pending surgery. In light of the above issues, the currently requested Pro-Sling with Abduction Pillow is not medically necessary.

**45 Days Rental of Allevia Motorized Hot or Cold 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.

**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 and Cold compression therapy.

**Decision rationale:** Regarding the request for 45 Days Rental of motorized Hot or Cold Unit, California MTUS does not address the issue. ODG does support a 7-day rental of a cold therapy unit, but the addition of other modalities such as compression is not supported. Within the documentation available for review, the provider notes that the device is a hot/cold contrast unit, which includes compression as well as heating and cooling. The use of compression is not supported by the guidelines and there is no clear rationale for the use of heat in the initial postoperative phase or for the use of the device beyond the 7 days that are supported for cold therapy. The currently requested 45 Days Rental of motorized Hot or Cold Unit is not medically necessary.