

<b>Case Number:</b>	CM14-0121255		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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:

The injured worker is a 62-year-old female who reported an injury on 12/15/2004. The mechanism of injury is a fall. Diagnoses included lumbar degenerative disc disease, right shoulder bursitis/tendinitis, impingement syndrome, partial thickness rotator cuff tear, impingement with AC arthropathy, cervical degenerative disc disease, status post right total hip replacement for advanced osteoarthritis, right knee pain, status post fall, and probable left shoulder impingement syndrome, and possible rotator cuff tear. Her past treatments included physical therapy, home exercise program, medications, and acupuncture. Diagnostic studies included an MRI of the right shoulder on 03/06/2014, an MRI of the cervical spine on 02/12/2014, an MRI of the lumbar spine on 02/12/2014, x-rays of the right tibia, x-rays of the right ankle, x-rays of the cervical spine, x-rays of the lumbar spine, x-rays of the AP pelvis, x-rays of the right hip, x-rays of the right knee. The surgical history included a hysterectomy in 1998 and a right hip placed in 03/14/2013. On 06/27/2014, the patient was seen for followup visit from the right shoulder subacromial injection. The injection was on 05/16/2014. The patient pain was decreased in her right shoulder and neck. The right shoulder pain was subsequently increased again. She reported having increased left shoulder pain similar to the right. The right hip pain had decreased pain had decreased. There was increasing low back pain. She continued to have rectal pain. The injured worker's neck pain was ongoing and constant. It was a 6/10 to 7/10. There was swelling in the back of the neck. She had 7/10 to 8/10 level foraminal headaches which increased to 9/10 to 10/10. Her pain radiated to the right shoulder, upper back, and bilateral trapezius. The self massage and applied ice relieved the neck and shoulder pain. She continued having difficulty sleeping. She uses a TENS unit, applies ice, and pain medication for somewhat relief. The shoulder pain is constant 3/10 and again increased to 5/10 to 6/10. The right wrist pain is 3/10 to 4/10 but increased to 5/10 to 6/10. Back pain is 7/10 and increases to

8/10 to 9/10 with activity. Right hip is 2/10 to 3/10 and increases to 4/10 to 5/10 with activity longer than 30 minutes. The right knee is a 3/10 to 4/10 pain increases to 6/10 overexerts. Rectal pain is a 9/10 prolonged sitting and standing increased the pain to 10/10 and has her in tears. Constipation also aggravates her pain. She takes laxatives and stool softeners daily for some relief. Medications include Norco 5/325 mg 3 times a day, gabapentin 3 times a day, Excedrin 2 to 4 tablets as needed per day, bisacodyl 5 mg 3 tablets once daily, QVAR for 2 puffs a day, paroxetine 20 mg 1 at night, atorvastatin 20 mg 1 at night, clonazepam 1 to 2 at night. Upon exam, the active abduction was 0 to 100 degrees bilaterally, action forward flexion was 0 to 100 degrees bilaterally, extension was 0 to 20 degrees, bilaterally, and abduction was 0 to 30 degrees bilaterally. There was passive abduction of the gluteal humeral joint with the scapular held fixed was to 70 degrees, external rotation was 90 degrees with pain and internal rotation was 60 degrees with pain and spasm. The impingement maneuver, Neer, and Hawkins' were positive. There was anterior glenohumeral and subacromial tenderness of the right trapezial tenderness. Strength was 5/5 in shoulder internal and external rotation. The request is for durable medical equipment cold therapy unit, and durable medical equipment ultrasling. The rationale and request for authorization were not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Durable Medical Equipment (DME) -Cold Therapy Unit and Pad: 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) Low back, Cold/heat packs.

**Decision rationale:** The request for durable medical equipment cold therapy unit and pad is not medically necessary. The injured worker has a history of chronic pain. The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery for up to 7 days. The guidelines recommend cold/heat packs as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. There is a lack of documentation as to whether the unit is to be used for purchase or rental. There is not a necessity at this time. The patient has not undergone a recent surgery. The need for purchase of a unit opposed to the seven day rental is not supported. As such, the request is not medically necessary.

#### **Durable Medical Equipment (DME) - Ultrasling: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder.

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

**Decision rationale:** The request for durable medical equipment (DME) ultrasling is not medically necessary. The injured worker has a history of multiple body part chronic pain. The ODG guidelines recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. A postoperative abduction pillow slings are recommended following open repair large or massive rotator cuff tears. There is lack of documentation of documentation of a large or massive rotator cuff tear. There is lack of a surgical procedure being performed. The patient had an arthroscopic procedure. There is lack of medical necessity for an ultrasling.