

<b>Case Number:</b>	CM14-0185576		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas and Virginia. 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 34-year-old male who reported an injury on 12/27/2013. The mechanism of injury was not provided. On 10/02/2014, the injured worker presented for re-evaluation of his right shoulder. He was about 5 weeks status post right arthroscopy with extensive debridement and subacromial decompression. He had just recently started physical therapy and was experiencing pain and limited range of motion. Upon examination of the right shoulder there was a well healed incision and improved range of motion. There was mild weakness with resisted scaption testing. The diagnosis was status post arthroscopy with extensive debridement and subacromial decompression. The provider recommended a postoperative stable sling and a postoperative Kodiak combo unit. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Stable Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 212-214.

**Decision rationale:** The request for postoperative stable sling is not medical necessary. The California MTUS/ACOEM Guidelines state it would recommend the use of a sling for severe shoulder pain for 1 to 2 days with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. The of a sling after an initial shoulder dislocation and reduction would also be warranted. Guidelines do not recommend prolonged use of a sling and only recommend it for symptom control. The provider's request does not indicate the site at which the sling was indicated for in the request as submitted. Additionally, the physical examination noted mild weakness with resisted scaption testing. However, there is no information on a complete and adequate pain assessment of the injured worker. As such, medical necessity has not been established.

**Post Operative Kodiak Combo Unit.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous Flow Cryotherapy.

**Decision rationale:** The request for postoperative Kodiak combo unit is not medically necessary. The Official Disability Guidelines recommend a Kodiak combo unit or continuous flow cryotherapy as an option after surgery for up to 7 days including home use. The request for a postoperative Kodiak combo unit does not indicate whether the request is for a purchase or rental of the unit. The medical documents provided do not indicate the medical need for a Kodiak combo unit as the patient does not fall within the guideline recommendations of a postsurgical 7 day use. Additionally, the provider's request does not indicate the site at which the Kodiak combo unit was indicated for in the request as submitted. As such, medical necessity has not been established.