

<b>Case Number:</b>	CM14-0028249		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Chiropractic 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 32-year-old female who reported an injury on 03/13/2006 with the mechanism of injury not cited within the documentation provided for review. In the clinical notes dated 01/22/2014, the injured worker was seen for a follow-up visit and complained of continued right shoulder pain and weakness. Prior treatments included physical therapy, chiropractic care, acupuncture, anti-inflammatory medications and cortisone injections, of which the injured worker did not respond to. It was documented that an unofficial MRI dated 12/03/2013 of the right shoulder demonstrated no complete rotator cuff tear or fluid-filled gap. It was also noted that the injured worker had a cervical epidural steroid injection dated 01/09/2014, of which she felt significant relief. The diagnosis included cervical disc protrusion, cervical radiculopathy, and right shoulder impingement syndrome. The treatment plan included a request for a right shoulder arthroscopy, subacromial decompression, medical clearance prior to surgery, postoperative physical therapy, and postoperative right shoulder sling and cold therapy. The request for 1 purchase of a right shoulder sling, 1 purchase of an abduction pillow, 1 purchase of an abduction sling, and 14 days rental of a cold therapy unit was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PURCHASE OF RIGHT SHOULDER SLING:** 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, Postoperative abduction pillow sling.

**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 Official Disability Guidelines (ODG) state that postoperative abduction pillow/slings are recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in position, keeping tension off the repaired tendon. Abduction pillows for large or massive tears may decrease tendon contact to the repaired sulcus but are not used for arthroscopic repairs. In the clinical notes provided for review, there is a lack of documentation of the request for shoulder arthroscopic surgery. There is also a lack of documentation of the injured worker's measurable pain level status with or without the use of prescribed pain medications, as well as no documentation of the injured worker having a rotator cuff tear as per the unofficial MRI. Furthermore, the guidelines only recommend the use of an abduction pillow/sling following open repair of large and massive rotator cuff tears. Therefore, the request for 1 purchase of a right shoulder sling is not medically necessary.

**1 PURCHASE OF 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, Postoperative abduction pillow sling.

**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 Official Disability Guidelines (ODG) state that postoperative abduction pillow/slings are recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in position, keeping tension off the repaired tendon. Abduction pillows for large or massive tears may decrease tendon contact to the repaired sulcus but are not used for arthroscopic repairs. In the clinical notes provided for review, there is a lack of documentation of the request for shoulder arthroscopic surgery. There is also a lack of documentation of the injured worker's measurable pain level status with or without the use of prescribed pain medications, as well as no documentation of the injured worker having a rotator cuff tear as per the unofficial MRI. Furthermore, the guidelines only recommend the use of an abduction pillow/sling following open repair of large and massive rotator cuff tears. Therefore, the request for 1 purchase of an abduction pillow is not medically necessary.

**1 PURCHASE OF ABDUCTION SLING:** 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, Postoperative abduction pillow sling.

**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 Official Disability Guidelines (ODG) state that postoperative abduction pillow/slings are recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in position, keeping tension off the repaired tendon. Abduction pillows for large or massive tears may decrease tendon contact to the repaired sulcus but are not used for arthroscopic repairs. In the clinical notes provided for review, there is a lack of documentation of the request for shoulder arthroscopic surgery. There is also a lack of documentation of the injured worker's measurable pain level status with or without the use of prescribed pain medications, as well as no documentation of the injured worker having a rotator cuff tear as per the unofficial MRI. Furthermore, the guidelines only recommend the use of an abduction pillow/sling following open repair of large and massive rotator cuff tears. Therefore, the request for 1 purchase of abduction sling is not medically necessary.

**14 DAYS RENTAL OF 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.

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

**Decision rationale:** The Official Disability Guidelines (ODG) state that cold compression therapy is not recommended in the shoulder, as there are no published studies. In the clinical notes provided for review, it is indicated that there is a request for a right shoulder arthroscopy, however, there is not an indication of the approval for the right shoulder arthroscopy. Therefore, the request for 14 days rental of a cold therapy is not medically necessary.