

<b>Case Number:</b>	CM14-0029576		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old male with a 10/31/13 date of injury. At the time (2/12/14) of request for authorization for cryotherapy unit and abduction pillow sling for left shoulder, there is documentation of subjective (left shoulder pain with any movement of the arm) and objective (left shoulder forward flexion 160, rotator cuff strength 5-/5, positive impingement, biceps tenderness to palpation, and positive O'Brien's test) findings, imaging findings (left shoulder MRI (11/18/13) report revealed supraspinatus tendinosis with no rotator cuff tear), current diagnoses (left shoulder rotator cuff tendinopathy), and treatment to date (medications and activity modification). 2/12/14 Utilization review identifies a certification for a left shoulder arthroscopy with possible rotator cuff repair. Regarding the requested cryotherapy unit, there is no documentation of the number of days requested. Regarding the requested abduction pillow sling for left shoulder, there is no documentation of a pending open repair of large and massive rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CRYOTHERAPY UNIT:** 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 Shoulder, Polar care (cold therapy unit).

**Decision rationale:** MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnosis of left shoulder rotator cuff tendinopathy. In addition, there is documentation of a pending left shoulder arthroscopy with possible rotator cuff repair. However, there is no documentation of the number of days requested. Therefore, based on guidelines and a review of the evidence, the request for cryotherapy unit is not medically necessary.

**ABDUCTION PILLOW SLING FOR LEFT SHOULDER:** 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 Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** MTUS does not address this issue. ODG identifies that a post-operative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. Within the medical information available for review, there is documentation of diagnosis of left shoulder rotator cuff tendinopathy. In addition, there is documentation of a pending left shoulder arthroscopy with possible rotator cuff repair. However, there is no documentation of a pending open repair of large and massive rotator cuff tear. Therefore, based on guidelines and a review of the evidence, the request for abduction pillow sling for left shoulder is not medically necessary.