

<b>Case Number:</b>	CM14-0032717		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 patient is a 49-year-old female who was injured from 01/01/2010 to 11/19/2012. She sustained cumulative trauma type of injuries, as a result of which she developed pain in her right shoulder. On 07/07/2012, the patient was performing her regular and customary work duties, when at the end of her shift she experienced pain in her right shoulder. Prior treatment history has included (list prior treatments). The patient underwent chondroplasty glenoid, arthroscopic sub-acromial decompression with resection of the coracoacromial (CA) ligament on 12/13/2013. She underwent an interscalene block on 12/13/2013. The patient's medications as of 03/10/2014 include: Capsaicin, Diclofenac, Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. Drug screen dated 04/07/2014 did not detect medications, Tramadol and Cis-Tramadol. Drug screen dated 03/10/2014 detected Tramadol and Cis-Tramadol but with inconsistent results. Drug screen dated 02/10/2014 did not detect medication hydrocodone with inconsistent results. Follow-up report dated 03/13/2014 reports the patient is status post right shoulder arthroscopy conducted 12/12/2013. She is experiencing good improvement with reduction in pain and an extension in range of motion with postoperative physiotherapy. Physical examination shows impingement and Hawkin's signs with decreased range of motion on flexion and abduction bilaterally. The right shoulder has healed incisions at the site of the surgical intervention. The left shoulder is now showing decreased range of motion on flexion and abduction to approximately 120 degrees. The patient is diagnosed with bursitis of the shoulder tendon and shoulder impingement. Progress report dated 02/10/2014 reports the patient complains of a sharp, stabbing right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The patient rates the pain as 4-5/10. Her pain is described as intermittent and mild. On exam, the right shoulder has 2+ tenderness at the acromioclavicular (AC) joint, subacromial space, supraspinatus muscle, and tendon attachment sites. There is decreased range of motion with positive empty can

supraspinatus. Sensation is intact to the bilateral upper extremities. Myotomes are decreased in the right upper extremity. The patient is diagnosed with right shoulder internal derangement and right shoulder rotator cuff tear.

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

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

#### **HALF LEG WRAP PURCHASE: 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 (ODG) <KNEE & LEG, CONTINUOUS-FLOW CRYOTHERAPY.

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines (ODG), continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The medical records document the patient was diagnosed with right shoulder impingement, and the patient underwent right shoulder arthroscopy which was dated 12/13/2013. As the patient is almost 5 months status-post operative intervention, the request is not medically necessary according to the guidelines.

#### **PRO SLING II PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** According to the CA MTUS guidelines, sling for shoulder is recommended as brief use for severe shoulder pain, three weeks use or less of sling after shoulder dislocation and reduction is also recommended. According to the Official Disability Guidelines (ODG), postoperative abduction pillow sling is recommended as an option following repair of large and massive rotator cuff tears. The medical records document the patient was diagnosed with right shoulder impingement, the patient underwent right shoulder arthroscopy which was dated 12/13/201. As the patient is almost 5 months status-post operative intervention, and the medical records have not documented rotator cuff tear, the request is not medically necessary according to the guidelines.

**ABDUCTION PILLOW PURCHASE:** 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 (ODG) SHOULDER, POSTOPERATIVE ABDUCTION PILLOW SLING.

**Decision rationale:** According to the Official Disability Guidelines (ODG), postoperative abduction pillow sling is recommended as an option following repair of large and massive rotator cuff tears. The medical records document the patient was diagnosed with right shoulder impingement, the patient underwent right shoulder arthroscopy which was dated 12/13/201. As the patient is almost 5 months status-post operative intervention, and the medical records have not documented rotator cuff tear, the request is not medically necessary according to the guidelines.

**ON Q PAIN PUMP PURCHASE:** 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 PAIN PUMP.

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines (ODG), postoperative pain pump is not recommended. Three recent moderate quality randomized control trials did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures, the request is not medically necessary according to the guidelines.