Case Number:	CM14-0064001		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2012
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 Occupational Medicine 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 30-year-old male who has submitted a claim for status post left shoulder arthroscopic synovectomy, superior labrum repair, and subacromial bursa resection (12/28/2012) and postoperative MR arthrogram evidence of ongoing Superior Labrum Anterior Posterior (SLAP) repair associated with an industrial injury date of 06/18/2012. Medical records from 07/24/2013 to 07/11/2014 were reviewed and showed that patient complained of constant pain in the left shoulder aggravated by activities of daily living (ADLs) and decreased with rest. Physical examination of the left shoulder revealed arthroscopic surgical scars and tenderness over the proximal biceps. Full active range of motion (ROM) was noted. Dislocation, apprehension, and drop arm tests were negative. Impingement test was positive. Of note, a contemplated left shoulder arthroscopic surgery has not been authorized because the patient has not been cleared for surgery (06/23/2014). X-ray of the left shoulder dated 04/01/2013 revealed a slightly hooked acromion compared to the previous left shoulder X-ray dated 06/27/212 which was unremarkable. MR arthrogram of the left shoulder dated 12/16/2013 revealed an ongoing SLAP tear with good repair location of the anchor noted. Treatment to date has included left shoulder arthroscopic synovectomy, superior labrum repair, and subacromial bursa resection (12/28/2012), physical therapy, home exercise program, left shoulder proximal biceps sheath cortisone injection (02/24/2014), and pain medications. Utilization review dated 04/15/2014 denied the request for postoperative cold therapy unit, smart sling, and abduction pillow because the surgical intervention has not been authorized to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Shoulder Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, there was no discussion as to why conventional ice bags/packs would suffice in symptomatic relief. The guidelines state cold therapy units are experimental and not superior over standard cryotherapy such as ice bags/ packs. Therefore, the request for cold therapy unit is not medically necessary.

Smart 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 Shoulder Chapter, 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 Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends postoperative abduction pillow sling 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. In this case, the patient was noted to undergo an arthroscopic Superior Labrum Anterior Posterior (SLAP) repair (12/28/2012). A contemplated second left shoulder arthroscopic surgery was discussed. However, it was noted that the patient has not been cleared for the second left shoulder surgery (06/23/2014). Furthermore, the guidelines state that postoperative abduction pillow sling are recommended following open repair of large and massive rotator cuff tears but not for arthroscopic repairs. Therefore, the request for Smart Sling is not medically necessary.

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 Shoulder Chapter, 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 Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends postoperative abduction pillow sling 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. In this case, the patient was noted to undergo an arthroscopic Superior Labrum Anterior Posterior (SLAP) repair (12/28/2012). A contemplated second left shoulder arthroscopic surgery was discussed. However, it was noted that the patient has not been cleared for the second left shoulder surgery (06/23/2014). Furthermore, the guidelines state that postoperative abduction pillow sling are recommended following open repair of large and massive rotator cuff tears but not for arthroscopic repairs. Therefore, the request for abduction pillow is not medically necessary.