

<b>Case Number:</b>	CM14-0071862		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

354 pages were provided for review. The request was signed on May 14, 2014. The claimant complained of pain to the left shoulder. The pain was rated as five out of 10. Activities of daily living increased the pain. There was difficulty sleeping. The patient also had dizziness and headaches as well as symptoms of anxiety and depression due to pain and loss of work. Prolonged sitting, standing, walking, bending, kneeling, squatting, lifting, carrying, pushing and pulling caused the pain to increase. There was a positive apprehension test and a positive impingement test on the left. The patient was diagnosed with a left rotator cuff tendinitis tear. There was a pending request for a left shoulder arthroscopic surgery with rotator cuff repair. The medicines were Prilosec, Norco and Topical Creams. The patient had a right rotator cuff repair on February 9, 2011 and a carpal tunnel release on March 9, 2013. The requested left shoulder surgery for the rotator cuff was not certified. As the surgery was not certified, the previous reviewer opined that the requested hot cold contrast unit and slings were also not certified. There was a psychiatric agreed medical exam from January 7, 2013. There was psychological testing that was done on January 7, 2013. He scored 27 on the Beck Anxiety Inventory Score which showed moderate anxiety into 22 on the depression score which showed moderate depression. He has been prescribed Ibuprofen for about four years. He continues with bilateral shoulder pain left greater than right. He is having difficulty lifting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abduction sling for the left shoulder:** 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 (updated 4/25/14).

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

**Decision rationale:** The MTUS is silent on this durable medical equipment item. The ODG notes the devices are not recommended as a primary treatment, and warn that immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". (Rauoof, 2004). Moreover, given the surgery was not certified, it is logical that this post surgical equipment would also be unnecessary. This request was appropriately non-certified based on evidence-based guides.

**Abduction pillow for the left shoulder:** 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 (updated 4/25/14).

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

**Decision rationale:** Regarding the shoulder abduction sling pillow, the ODG notes in the shoulder section that this abduction device is recommended 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. (Ticker, 2008). First, there was no evidence of massive large tears in this case. Also, given the surgery was not certified, it is logical that this post surgical equipment would also be unnecessary. The request was appropriately non-certified.

**Hot/Cold Contrast Unit for the left shoulder:** 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 (updated 4/25/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.