

<b>Case Number:</b>	CM14-0086944		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Physical Medicine and 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:

According to the records made available for review, this is a 62-year-old male with a 9/15/08 date of injury. At the time (5/28/14) of the Decision for Durable Medical Equipment MI, there is documentation of subjective (left shoulder pain) and objective (decreased left shoulder range of motion, decreased supraspinatus test, and positive impingement sign) findings, current diagnoses (status post left shoulder arthroplasty and left shoulder impingement and/or supraspinatus tendon tearing), and treatment to date (medications and physical therapy). Medical report identifies a request for post-operative abductor sling and cold therapy unit; and an associated request for left shoulder acromioplasty with possible rotator cuff repair. There is no documentation of a pending surgery that has been authorized/certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment MI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Polar care (cold therapy unit)

**Decision rationale:** Specifically regarding sling, MTUS reference to ACOEM guidelines identifies that sling/splint for 7 days followed by gentle range of motion exercises, then progressive mobilization is indicated in the management of non-displaced radial head fractures. In addition, MTUS identifies that a sling is recommended in the management of severe cases of biceps tendinosis with gentle range-of-motion exercises of the elbow, but evidence is insufficient or irreconcilable for the shoulder and wrist. Specifically regarding cold therapy unit, 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 diagnoses of status post left shoulder arthroplasty and left shoulder impingement and/or supraspinatus tendon tearing. In addition, there is documentation of a request for post-operative abductor sling and cold therapy unit; and an associated request for left shoulder acromioplasty with possible rotator cuff repair. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for durable medical equipment MI is not medically necessary.