

<b>Case Number:</b>	CM14-0181566		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 37 year old male, who sustained an industrial injury on December 10, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder impingement syndrome, cervical five to six discogenic neck pain, and lumbar five to sacral one discogenic back pain. Treatment and diagnostic studies to date has included radiology study of the cervical spine, chiropractic therapy, injection to the right subacromial space with steroid, and home exercise program. In a progress note dated July 30, 2014 the treating physician reports complaints of pain to the right shoulder, neck, and low back. Examination reveals decreased range of motion to the cervical spine, positive impingement sign to the right shoulder, and weakness with right shoulder abduction. Radiology study from March 20, 2014 was revealing for straightening of the cervical lordosis, disc protrusion at cervical five to six with mild central canal narrowing, and disc bulge at cervical four to five. The treating physician requested post-operative motorized cold therapy unit, post-operative deep vein thrombosis unit, post-operative continuous passive motion machine, post-operative ultra-sling with abduction pillow, and post-operative pain pump for the right shoulder, but the documentation provided did not contain the specific reasons for the requested equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Post-op motorized cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately post-operatively for up to 7 days. In this case, there is no indication of the surgical intervention related to the requested treatments, therefore, the request is not medically necessary.

**Associated Surgical Service: Post-op DVT unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case, there is no indication of the surgical intervention related to the requested treatments, therefore, the request is not medically necessary.

**Associated Surgical Service: Post-op continuous passive motion machine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. In this case, there is no indication of the surgical intervention related to the requested treatments, therefore, the request is not medically necessary.

**Associated Surgical Service: Post-op ultra sling with abduction pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case, there is no indication of the surgical intervention related to the requested treatments, therefore, the request is not medically necessary.

**Associated Surgical Service: Post-op pain pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. In this case, there is no indication of the surgical intervention related to the requested treatments, therefore, the request is not medically necessary.