

<b>Case Number:</b>	CM14-0196018		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of July 30, 2012. On the date of injury, she was exiting from her car and fell down a hillside, rolling downwards. She suffered an injury to her left shoulder, cervical spine, right elbow, and her left chest wall. She was initially worked up with an MRI examination of the left shoulder, which showed a rotator cuff repair and failed physical therapy (PT). The IW underwent left rotator cuff repair February 4, 2014. The current working diagnoses are left shoulder impingement syndrome; and left rotator cuff tear; left frozen shoulder; right shoulder rotator cuff, partial tear. Following the left rotator cuff tear on February 4, 2014, the IW underwent physical therapy. Documentation in the medical record indicates that the IW started her initial PT in [REDACTED], and change to a facility in [REDACTED] to transportation difficulties. It appears that the IW underwent 12 sessions of post-op PT, although it is unclear. Objective functional improvement was not documented. Pursuant to a progress noted dated November 7, 2014, the IW complains of constant pain in the left shoulder with radiation. The IW experienced acute pain approximately 1 month after left rotator cuff repair, which the surgeon suspected possible re-injury. The pain is associated with swelling. Physical exam of the left shoulder reveals a positive impingement sign, positive abduction sign and a painful arc. The IW is wearing a sling. Forward flexion left shoulder at 120 degrees and guarded. Abduction left shoulder at 120 degrees. Repeat MRI of the left shoulder dated October 1, 2014 demonstrates a small tear. After reviewing options, the IW wishes to proceed with left shoulder surgery. The provider recommends that she undergo left shoulder arthroscopy with subacromial decompression, rotator cuff repair, possible SLAP lesion repair, possible open biceps tenodesis, and excision distal clavicle. The treating physician is requesting authorization for a sling, and an ice machine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Post operative Abduction Pillow Sling

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the sling is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and understand/observe pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. Effective treatment of the chronic pain patient requires familiarity with patient specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables. In this case, the injured worker was scheduled for repeat shoulder surgery. The assessment indicated the injured worker was status post left shoulder arthroscopy with persistent pain, left rotator cuff tear and left acromion joint arthrosis. There was no clinical indication indicating a sling was clinically indicated. Consequently, absent the appropriate clinical indication for the sling, the sling is not medically necessary.

**Ice machine:** 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, Continuous Flow Cryotherapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the ice machine is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and understand/observe pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. Effective treatment of the chronic pain patient requires familiarity with patient specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables. In this case, the injured worker was scheduled for repeat shoulder surgery. The assessment

indicated the injured worker was status post left shoulder arthroscopy with persistent pain, left rotator cuff tear and left acromion joint arthrosis. There is no documentation that indicates ice machine was indicated nor was it mentioned in the record. Consequently, absent the appropriate clinical indication for the sling, the sling is not medically necessary.