

<b>Case Number:</b>	CM14-0197672		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

This 46 year-old injured worker sustained an injury on 6/30/09 from falling backwards while employed by [REDACTED]. Request(s) under consideration include Polar care unit for the right shoulder; 2-3 week rental and Sling with abduction pillow for the right shoulder. Diagnoses include right shoulder impingement/ rotator cuff tendinosis/ subacromial bursitis and AC joint arthrosis s/p left shoulder arthroscopy. Conservative care has included medications, therapy, and modified activities/rest/ Report of 10/22/14 from the provider noted the injured worker with chronic ongoing right shoulder pain and dysfunction; difficulty with overhead activities. Exam showed right shoulder with limited range of flex/abd/ER/IR of 165/160/80/70 degrees; tenderness at acromial margin and AC joint; positive Speed's and impingement testing; intact sensation and motor strength with pain on resisted ER. Right shoulder magnetic resonance imaging (MRI) was reported to show rotator cuff tendinosis, subacromial bursitis, AC joint arthrosis and downsloping anterolateral acromion. It was noted the injured worker has failed physical therapy, HEP, anti-inflammatories and steroid injections provided only temporary relief. Treatment plan included right shoulder arthroscopy with SAD debridement vs. repair and possible biceps tenotomy and distal clavicle decompression with post-op physical therapy, sling, abduction pillow, and Polar care rental. The request(s) for Polar care unit for the right shoulder; 2-3 week rental was modified for 7 day rental; and Sling with abduction pillow for the right shoulder was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar Care Unit for the Right Shoulder; 2-3 Week Rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy

**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, pages 909-910

**Decision rationale:** Regarding Cold therapy, guidelines state it is "recommended as an option after surgery, but not for nonsurgical treatment." Postoperative use generally may be up to 7 days, including home use. Submitted reports have not provided adequate documentation, risk factors, or comorbidities to support for the request beyond guidelines' criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. MTUS Guidelines is silent on the specific use of Polar care, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day in the post-operative period as efficacy has not been proven after. The Polar care unit for the right shoulder; 2-3 week rental is not medically necessary and appropriate.

**Sling with Abduction Pillow for the Right Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920; Post-Operative Abduction Pillow Sling, page 933

**Decision rationale:** Per Guidelines, a shoulder sling may be "recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria." Guidelines state that immobilization using sling with prolonged periods of rest are generally "less effective than having patients maintain their usual pre-injury activities." Medical indication and necessity has not been established and criteria are not met. Additionally, the Official Disability Guidelines also state that postoperative abduction pillow slings are only recommended as an option following an open repair of large or massive rotator cuff tears, not indicated here. Abduction pillows for large or massive tears may decrease tendon contact to the prepared sulcus, but are not recommended for arthroscopic repairs by guideline recommendations. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The request for a Sling with Abduction Pillow for the Right Shoulder is not medically necessary and appropriate.

