

<b>Case Number:</b>	CM15-0102940		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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 54 year old male injured worker suffered an industrial injury on 09/29/2000. The diagnoses included bilateral shoulder pain, elbow pain, ulnar neuropathy and epicondylitis. The diagnostics included left shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 4/15/2015 and 4/20/2015 the treating provider reported the pain was rated 4/10 with medications and 8/10 without medications with poor quality sleep. On exam the right and left shoulder had reduced range of motion, positive impingement sign and tenderness. The requested treatments are for pending left shoulder arthroscopy. The treatment plan included Delux Arm Sling and Cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative, Delux Arm Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**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. According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.

**Post operative, Cold therapy unit, rental 7 days, Left Shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - 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.

**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 postoperatively for up to 7 days. In this case the guideline criteria are adhered to and the request is medically necessary.