

<b>Case Number:</b>	CM15-0103644		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 1/6/14. Diagnoses were not discussed in the medical report submitted. Treatment to date has included physical therapy, acupuncture, and chiropractic treatment. Currently, the injured worker complains of low back pain and shoulder pain. The treating physician requested authorization for an ARC abduction sling and a compression therapy unit x14 day rental for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME ARC Abduction 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 Chapter, Postoperative abduction pillow sling.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Immobilization.

**Decision rationale:** The claimant sustained a work injury in January 2014 and is being treated for shoulder pain. Treatments have included left shoulder surgery and right shoulder surgery was pending. When seen, there was normal range of motion without tenderness. Immobilization is not recommended as a primary treatment for the shoulder. Benefits of mobilization include earlier return to work, decreased pain, swelling, and stiffness, and a greater preserved range of joint motion, with no increased complications. Immobilization is also a major risk factor for developing adhesive capsulitis. Therefore, the requested shoulder abduction sling was not medically necessary.

**Compression Therapy unit x 14 Day Rental for the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Venous Thromboembolic Disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

**Decision rationale:** The claimant sustained a work injury in January 2014 and is being treated for shoulder pain. Treatments have included left shoulder surgery and right shoulder surgery was pending. When seen, there was normal range of motion without tenderness. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a deep vein thrombosis or history of prior thromboembolic event. He has not undergone a major surgical procedure. Therefore, this request was not medically necessary.