

<b>Case Number:</b>	CM15-0104581		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 injured worker was a 54 year old female, who sustained an industrial injury, October 13, 2011. The injured worker previously received the following treatments laboratory studies, physical therapy for the left shoulder, Tramadol and home exercise program. The injured worker was diagnosed with status post left shoulder arthroscopic surgery on November 11, 2014, right shoulder rotator cuff tear with subacromial impingement. According to progress note of April 29, 2015, the injured workers chief complaint was preparation for right shoulder surgery. The injured worker had complaints of bilateral shoulder, cervical spine and lumbar spine pain. The injured worker was still having pain as well as limited range of motion. The physical exam noted right shoulder pain with palpation and crepitus. There was right subacromial stability and laxity. The right rotator cuff was positive for the Hawkin's sign. The Neer's test was positive. The treatment plan included pre-operative clearance, office visit, ARC XR immobilizer, cold therapy unit with pad and supplies for right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - Bledsoe ARC XR Immobilizer Purchase/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, 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:** 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 for need for open rotator cuff repair and therefore determination is not medically necessary.