

<b>Case Number:</b>	CM15-0131261		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Minnesota, Florida  
 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 is a 62-year-old male who sustained a work related injury January 5, 2014. While transporting a body on a gurney (weighing over 250 pounds into an elevator) he fell into the elevator wall, hitting his right shoulder and right side of his face, falling forward. He complained of pain in the right shoulder and right hip. He was initially treated with medication and physical therapy for two months without benefit. He was referred to an orthopedist in April of 2014, an MRI of the right shoulder revealed a rotator cuff tear, and surgery was recommended and performed May 17, 2014 without benefit, followed by 36 sessions of physical therapy. Past history included diabetes, hypertension and left shoulder rotator cuff repair, 2003. According to an initial physician's evaluation dated May 13, 2015, the injured worker presented with complaints of right shoulder pain, radiating down the right upper extremity to the hand, with occasional numbness and tingling in the right thumb and index finger. Examination of the bilateral shoulders revealed; abduction left 180 degrees, right 100 degrees; external rotation left 65 degrees, right 60 degrees; internal rotation left 75 degrees, right 65 degrees; forward flexion 180 degrees, right 110 degrees; extension left 50 degrees, right 45 degrees; adduction left 40 degrees and right 40 degrees; impingement sign and crepitus positive bilaterally. Diagnoses are shoulder arthralgia; degenerative shoulder arthritis; shoulder impingement, bursitis; shoulder adhesive capsulitis. Treatment plan included authorized video arthroscopy of the right shoulder, subacromial decompression, with associated services. At issue, is the request for authorization for Arc sling, cold therapy, and sheath injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Sheath Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Soft Tissue Injections in the Athlete [[www.ncbi.nlm.nih.gov/pmc/articles/PMC3445176](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445176)].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: shoulder, Topic: Interscalene nerve blocks.

**Decision rationale:** The request as stated is for a "sheath injection". However, the request for authorization dated 5/13/2015 mentions a fascial sheath injection and not a "sheath injection." The request does not give details as to the nature of the injection or the location of the fascial sheath. The common fascial sheath injection during shoulder surgery is an interscalene nerve block, which is utilized for pain control. The CPT code submitted with the request is 01630, which confirms the fact that the request is for an interscalene nerve block. ODG guidelines recommend interscalene nerve blocks for shoulder arthroscopies. As such, the request is appropriate and the medical necessity of the request is medically necessary.

### **Cold Therapy:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy after shoulder surgery as an option for 7 days. It reduces pain, inflammation, swelling, and need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for cold therapy but does not indicate rental, purchase, or the duration of the rental. As such, the medical necessity of the request is not medically necessary.

### **ARC 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Postoperative abductor sling.

**Decision rationale:** With regard to the request for a postoperative ARC abduction pillow sling, ODG guidelines recommend its use for open repair of large and massive rotator cuff tears. The documentation does not indicate presence of a large or massive rotator cuff tear in this case. As such, the request for an abduction pillow sling is not supported and the medical necessity of the request has not been medically necessary.