

<b>Case Number:</b>	CM15-0137737		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

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 40 year old female who sustained an industrial injury on 12/7/13. Treatments include medication, physical therapy and surgery. Progress report dated 4/24/15 reports continued complaints of left elbow pain, clicking and catching. She is status post op left elbow arthroscopy done on 7/10/14. She is taking the maximum dose of percocet and still has complaint of pain with only a small amount of relief. Diagnosis: status post left elbow arthroplasty. Plan of care includes: request for surgery for arthroscopy and then fresh osteochondral allograft, send CT scan out for sizing and take vitamin daily. Work status: temporarily totally disabled until next appointment. Follow up on 6/12/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold therapy unit 14 days 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).

**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, Continuous-flow cryotherapy section.

**Decision rationale:** Regarding the request for Vascutherm cold therapy unit 14 days rental, ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, appears the unit is being requested for 14 days. Unfortunately, the number of days requested exceed the maximum number recommended by guidelines. As such, the currently requested Vascutherm cold therapy unit 14 days rental is not medically necessary.

**Bledsoe ARC sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling.

**Decision rationale:** Regarding the request for Bledsoe ARC sling, CA MTUS does not address the issue specifically. ODG states that postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. Within the documentation available for review, the patient is noted to be undergoing an arthroscopic rather than an open procedure. In light of the above issues, the currently requested Bledsoe ARC sling is not medically necessary.