

<b>Case Number:</b>	CM15-0194447		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury on 10-11-11. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement with bursitis. Previous treatment included right shoulder rotator cuff repair, physical therapy, injections and medications. In a PR-2 dated 7-22-15, the injured worker complained of ongoing right shoulder pain, weakness, limited range of motion and difficulty with overhead activities. Physical exam was remarkable for tenderness to palpation over the right lateral deltoid, biceps tendon, acromioclavicular joint and anterior and lateral acromion with positive impingement test, Neer's test, Hawkin's test and Empty can test, decreased range of motion and intact sensation throughout the bilateral upper extremity with 5 out of 5 motor strength. The physician stated that the injured worker had been refractory to treatment and recommended right shoulder arthroscopy with subacromial decompression and possible Mumford procedure with associated surgical services including 12 sessions of postoperative physical therapy, an ice machine and a sling. On 9-22-15, Utilization Review noncertified a request for one ice machine and a sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice machine:** 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), Shoulder (acute & chronic): Continuous-flow cryotherapy (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 07/22/15 with right shoulder pain and associated loss of strength/ROM in the affected joint. The patient's date of injury is 10/11/11. Patient is status post right shoulder arthroscopic rotator cuff repair at a date unspecified. The request is for ice machine. The RFA is dated 07/29/15. Physical examination dated 07/22/15 reveals tenderness to palpation over the right lateral deltoid, biceps tendon, AC joint, and anterior/lateral acromion with positive impingement test, Neer's test, Hawkin's test, Empty-Can tests noted on the right. The patient's current medication regimen is not provided. Patient's current work status is not provided. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the ice machine for this patient to use for his post-operative pain and swelling, such devices are not considered durable medical equipment. While ODG does not address such requests as ice machines, it does set forth several criteria regarding durable medical equipment. In this case, it is likely that the requested ice machine can withstand repeated use, and is appropriate for use in a patient's home. However, it is unlikely that such a machine would primarily and customarily be used to serve a medical purpose, and it would likely remain useful even in the absence of illness or injury. While the provider feels as though this is an appropriate medical intervention for this patient, an ice machine does not satisfy ODG criteria for durable medical equipment and therefore cannot be substantiated. Furthermore, there is no indication in the records provided that the surgical procedure associated with this request was ever approved or carried out. Therefore, the request IS NOT medically necessary.

**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 (ODG), Shoulder (acute & chronic): Postoperative abduction pillow sling (2015).

**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, under Postoperative abduction pillow sling, Shoulder Chapter, under Immobilization.

**Decision rationale:** The patient presents on 07/22/15 with right shoulder pain and associated loss of strength/ROM in the affected joint. The patient's date of injury is 10/11/11. Patient is status post right shoulder arthroscopic rotator cuff repair at a date unspecified. The request is for sling. The RFA is dated 07/29/15. Physical examination dated 07/22/15 reveals tenderness to palpation over the right lateral deltoid, biceps tendon, AC joint, and anterior/lateral acromion with positive impingement test, Neer's test, Hawkin's test, Empty-Can tests noted on the right. The patient's current medication regimen is not provided. Patient's current work status is not provided. Official Disability Guidelines, Shoulder Chapter, under Postoperative abduction pillow sling states: Recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. 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. (Ticker, 2008) A postop sling is generally recommended for 2-4 weeks after any shoulder surgery. A good protocol is to begin weaning off the sling at two weeks, reducing the number of hours per day it is worn. Official Disability Guidelines, Shoulder Chapter, under Immobilization has the following: Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". An RCT was done to ascertain whether immobilization after primary traumatic anterior dislocation of the shoulder in external rotation was more effective than immobilization in internal rotation in preventing recurrent dislocation, but it was about the same, with 37% from the external rotation group and 42% from the internal rotation group sustaining a further dislocation. In regard to the postoperative sling, the request is not supported as there is no evidence that the associated surgical procedure was ever carried out. The progress note and RFA associated with this request indicate that the provider requested a right shoulder subacromial decompression and possible Mumford procedure, and required a sling for post-operative immobilization. However, there is no indication in the records provided that this surgical procedure was ever approved or carried out, and there is an IMR decision dated 04/07/15 which upheld utilization review non-certification of an identical surgical request, noting that this patient does not meet guideline criteria. Without evidence that the associated procedure was carried out, the need for post-operative slinging cannot be substantiated. Therefore, the request IS NOT medically necessary.