

<b>Case Number:</b>	CM15-0028262		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 51 year old male with an industrial injury dated February 7, 2014. The injured worker diagnoses include status post right shoulder arthroscopy, arthroscopic subacromial decompression/partial anterior acromioplasty and debridement and impingement syndrome of left shoulder. He has been treated with diagnostic studies, radiographic imaging, physical therapy, prescribed medications, corticosteroid injection, and periodic follow up visits. According to the progress note dated 12/16/14, the injured worker reported persistent pain in left shoulder. Objective findings revealed weakness of rotator cuff strength, bilaterally and pain with palpitation of the subacromial bursa and subdeltoid bursa of left shoulder. The treating physician treatment plan consisted of surgery for the left shoulder. The treating physician prescribed cold therapy device rental times 21 days and ultra-sling for immediate postoperative period. Utilization Review determination on January 16, 2015 modified the request to cold therapy device rental times 7 days and a standard sling, citing MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associates Surgical Services: Cold Therapy Device rental times 21 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Heat & Cold packs. Decision based on Non-MTUS Citation ODG-TWC, 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, Shoulder, Continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the guidelines recommendation of 7 days. Therefore the determination is for non-certification.

**Associates Surgical Services: Ultra sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. Based upon the exam note of 12/16/14 the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.