

<b>Case Number:</b>	CM15-0047102		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 38-year-old who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with cumulative trauma at work first claimed on April 1, 2011. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve requests for a shoulder sling, cold therapy unit, pain pump, and interferential unit rental. A RFA form received on February 26, 2015 was referenced in the determination. On December 8, 2014, the applicant reported persistent complaints of shoulder pain. The attending provider stated that the applicant should move forward with an arthroscopic rotator cuff repair surgery on the grounds that the applicant had apparently exhausted non-operative interventions. The attending provider suggested that the applicant undergo a diagnostic and operative arthroscopy on the grounds that the applicant had exhausted conservative interventions. On February 11, 2015, the applicant's psychiatrist renewed prescriptions for Atarax, Effexor, Desyrel, Nuvigil, Restoril, Klonopin, and Seroquel. A medical-legal evaluator noted on October 20, 2014 that the applicant had a variety of issues, including depression, anxiety, neck pain, low back pain, hand pain, wrist pain, and shoulder pain. The medical-legal evaluator stated that the applicant did not have any significant general medical history, however. The attending provider went on to request a cold therapy unit, interferential unit, pain pump, and sling for postoperative purposes without much in the way of supporting rationale or supporting documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sling, left shoulder (purchase):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ACOEM V.3 Shoulder Summary of Recommendations Summary Tables Table 2: Shoulder Disorder Management Post-operative Pain Slings and shoulder supports for post-operative shoulder pain where the appliance is used to advance the activity level (I).

**Decision rationale:** Yes, the request for a sling for postoperative purpose was medically necessary, medically appropriate, and indicated here. The request in question does seemingly represent a request for postoperative usage of a sling following planned shoulder arthroscopy. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204, slings are recommended in applicants who have acute pain associated with a rotator cuff tear. Here, it was reasonable to infer or extrapolate that the applicant would have issues with postoperative pain control following the planned shoulder arthroscopy procedure. The Third Edition ACOEM Guidelines Shoulder Chapter does support postoperative usage of slings to advance an applicant's activity level postoperatively. Therefore, the request was medically necessary.

**Pain pump, left shoulder (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Postoperative pain pump.

**Decision rationale:** Conversely, the request for a postoperative pain pump was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Pain Pump topic notes that postoperative pain pumps are not recommended following shoulder surgery, as was planned here. Here, the attending provider endorsed the various postoperative requests in a highly templated manner. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.

**Interferential unit, left shoulder (1-2 months rental):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** Similarly, the request for an interferential unit one- to two-month rental was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to analgesic medication intolerance, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, in this case, however, no such history was seemingly evident here. There was no mention of the applicant's having issues with intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify provision of an interferential current stimulator on either a purchase or rental basis. Therefore, the request was not medically necessary.

**Cold therapy unit, left shoulder (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy.

**Decision rationale:** Finally, the request for a cold therapy unit [purchase] was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Shoulder Chapter Continuous-flow Cryotherapy topic notes that usage of continuous-flow cryotherapy devices should be reserved for postoperative use purposes, for up to seven days. Here, however, the request for purchase of the device in question, thus, represents treatment in excess of ODG parameters. The attending provider failed to furnish a clear or cogent applicant-specific rationale, which would support such usage in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.