

<b>Case Number:</b>	CM15-0089709		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 58 year old male patient, who sustained an industrial injury on August 27, 2014, incurring neck and shoulder injuries. He was diagnosed with cervical strain, bilateral shoulder impingement syndrome. He sustained the injury due to cumulative trauma. Per the doctor's note dated 4/20/15, he had complaints of bilateral shoulder pain. The physical examination of the bilateral shoulder revealed tenderness, limited range of motion and positive impingement signs. The medications list includes norco and naproxen. He has had Magnetic Resonance Imaging of the left shoulder dated 4/2/2015, which revealed moderate tendinosis, tenosynovitis with no rotator cuff tear; Magnetic Resonance Imaging of the right shoulder dated 4/2/2015, which revealed moderate supraspinatus tendinosis with no rotator cuff tear. Treatment included physical therapy, home exercise program, steroid injections, and ultrasound and pain medications. The treatment plan that was requested for authorization included a shoulder immobilizer and a cold therapy shoulder rental for 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy shoulder rental 7 days: 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 (updated 04/03/15) - Online Version, 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 (ODG) Chapter: Shoulder (updated 05/04/15) Continuous-flow cryotherapy.

**Decision rationale:** Request: Cold therapy shoulder rental 7 days. Per the cited guidelines continuous flow cryotherapy/cold therapy unit is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The cited guidelines recommend use of a cold therapy unit for only 7 days post operatively after shoulder surgeries. Evidence of approval of shoulder surgery is not specified in the records provided. Response to prior conservative therapy including physical therapy is not specified in the records provided. The Cold therapy shoulder rental 7 days is not medically necessary for this patient.

**Shoulder immobilizer:** 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, Post-operative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Summary of Recommendations for Evaluating and Managing Shoulder Complaints page 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Postoperative abduction pillow sling.

**Decision rationale:** Request: Shoulder immobilizer. Per the cited guidelines "Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction (C) Same for AC separations or severe sprains (D)." In addition per the ODG, Postoperative abduction pillow sling is "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. (Ticker, 2008)." Evidence of open repair of large and massive rotator cuff tears or shoulder dislocation and reduction is not specified in the records provided. Evidence that patient has undergone any shoulder surgery is also not specified in the records provided. The shoulder Immobilizer is not medically necessary for this patient.