

<b>Case Number:</b>	CM14-0114072		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 55-year-old gentleman was reportedly injured on September 26, 2013. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of pain and weakness in the right shoulder. The physical examination demonstrated forward flexion to 120 and abduction to 90. There was a positive Jobe's test. Diagnostic imaging studies of the right shoulder showed mild interstitial tearing without a high grade rotator cuff tear. Previous treatment included a right knee arthroscopy and physical therapy. A request had been made for a cold therapy unit and a sling with an abduction pillow and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability (ODG), Shoulder, Continuous Flow Cryotherapy

**Decision rationale:** According to the attached medical record, the injured employee is not scheduled or approved for a right shoulder surgery. As such, this request for postoperative use of a cold therapy unit is not medically necessary.

**Shoulder Sling w/ Abduction Pillow purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Durable Medical Equipment

**Decision rationale:** According to the attached medical record, the injured employee is not scheduled or approved for a right shoulder surgery. As such, this request for postoperative use of a shoulder sling with an abduction pillow is not medically necessary.