

<b>Case Number:</b>	CM14-0183604		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine and is licensed to practice in California. 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 patient is an injured worker with a history of right shoulder injury. Date of injury was 10-08-2013. The doctor's first report of occupational injury dated 10/8/13 documented subjective complaints of right shoulder and buttocks pain. Objective findings included left shoulder tenderness with full range of motion. There was no impingement signs and the upper extremity is neurovascularly intact. Diagnosis right shoulder strain. The initial physical therapy evaluation report dated November 12, 2013. documented a diagnosis of buttocks pain and contusion. The patient reported a fall at work on 10/08/13. The patient was climbing a ladder at work when it collapsed. The patient fell onto her buttocks from approximately four feet high. The patient complained of low back, sacrum, buttock discomfort. Physical examination was documented. The patient demonstrated functional active range of motion of trunk. The patient had no complaints of discomfort when performing range of motion. The patient reported equal sensation to light touch bilateral lower extremities. The patient demonstrated good strength of bilateral lower extremities with manual muscle testing. Diagnoses were status post fall, low back, sacrum, buttock pain complaints, decreased sitting tolerance, decreased supine laying tolerance, decreased driving ability, decreased functional ability. The primary treating physician's progress report dated 4/21/14 documented a history of right shoulder strain and contusion. Objective findings included sacrum and coccyx tenderness. The patient had not been describing shoulder discomfort. The request for authorization dated 10/6/14 requested right shoulder surgery and twelve visits of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abduction 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, Shoulder (updated 8/27/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Immobilization Postoperative abduction pillow sling

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses immobilization. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints states prolonged use of a sling only for symptom control is not recommended. If indicated, the joint can be kept at rest in a sling. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The request for authorization of right shoulder surgery and an abduction sling was dated 10/6/14. The latest progress report submitted for review was dated 4/21/14. The primary treating physician's progress report dated 4/21/14 documented that the patient had not been reporting shoulder discomfort. Recent progress reports were not submitted for review. The submitted medical records do not document the authorization or performance of shoulder surgery. Therefore, the request for post-operative use of an abduction sling is not supported. Therefore, the request for Abduction sling is not medically necessary.

**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, Shoulder (updated 8/27/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous-flow cryotherapy

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cold therapy. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints states that at-home applications of cold packs may be used before or after exercises. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that continuous-flow cryotherapy 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 request for authorization of right shoulder surgery and an ice machine was dated 10/6/14. The latest progress report submitted for review was dated 4/21/14. The primary treating physician's

progress report dated 4/21/14 documented that the patient had not been reporting shoulder discomfort. Recent progress reports were not submitted for review. The submitted medical records do not document the authorization or performance of shoulder surgery. Therefore, the request for post-operative use of an ice machine is not supported. Therefore, the request for Ice machine is not medically necessary.