

<b>Case Number:</b>	CM14-0215144		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Physical Medicine & Rehabn, Pain Management

### 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 patient with a date of injury of 5/15/13. A utilization review determination dated 11/20/14 recommends non-certification/modification of cold therapy system x 21 days, pain pump, and Pro-sling with abduction pillow. Approval for left shoulder arthroscopy with subacromial decompression is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech cold therapy recovery system with wrap x21 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Continuous-flow cryotherapy

**Decision rationale:** Regarding the request for cold therapy system x 21 days, CA MTUS does not address the issue. ODG cites that continuous-flow cryotherapy is recommended as an option

after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, there is a pending shoulder arthroscopy with subacromial decompression and cold therapy is indicated for up to 7 days. However, the request exceeds the 7 days supported by ODG and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested cold therapy system x 21 days is not medically necessary.

**Non-programmable pain pump purchase:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Postoperative pain pump

**Decision rationale:** Regarding the request for postoperative pain pump, California MTUS does not address the issue. ODG cites that postoperative pain pumps are not recommended for the shoulder, as there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. In light of the above issues, the currently requested postoperative pain pump is not medically necessary.

**Pro-sling with abduction pillow purchase:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative abduction pillow sling

**Decision rationale:** Regarding the request for Pro-Sling with abduction pillow purchase, CA MTUS does not address the issue. ODG notes that a 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. (Ticker, 2008) Within the documentation available for review, the patient is noted to have an authorized arthroscopy with subacromial decompression, which does not meet the criteria for a postoperative abduction pillow sling as outlined above. In light of the above issues, the currently requested Pro-Sling with abduction pillow purchase is not medically necessary.