

<b>Case Number:</b>	CM15-0066098		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 32 year old male who sustained an industrial injury on 10/10/12. Initial complaints and diagnoses are not available. Treatments to date include left shoulder arthroscopy, a growth hormone steroid injection, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include left shoulder pain. Current diagnoses include adhesive capsulitis of the shoulder. In a progress note dated 03/26/15 the treating provider reports the plan of care as additional shoulder surgery, and associated services. The requested treatment is a cold therapy unit and a cradle sling with an abduction pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Cold therapy unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Shoulder Chapter, Continuous-flow cryotherapy section.

**Decision rationale:** Regarding the request for Cold Therapy Unit, 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, while 7 days of use would be appropriate (as was recommended by the utilization reviewer), an open-ended rental or purchase is not supported and, unfortunately, there is no provision for modification of the current request. As such, the currently requested Cold Therapy Unit is not medically necessary.

**Associated surgical service: Cradle sling/abduct pillow shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling.

**Decision rationale:** Regarding the request for a cradle sling and abduction pillow, CA MTUS does not address the issue specifically. ODG states that postoperative abduction pillow slings are 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. Within the documentation available for review, the patient is noted to have undergone an arthroscopic rather than an open procedure. In light of the above issues, the currently requested cradle sling and abduction pillow is not medically necessary.