

<b>Case Number:</b>	CM15-0069033		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Emergency Medicine

### 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 65 year old male sustained an industrial injury on 4/28/14. He subsequently reported right hip injury. Diagnoses include bursitis, rotator cuff rupture, closed fracture intertrochanteric and impingement syndrome. Treatments to date have included x-rays, MRIs, physical therapy, injections, surgery and prescription pain medications. The injured worker has a current complaint of right upper extremity pain. A request for a stable sling and cold therapy unit for purchase was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
 Page(s): 204.

**Decision rationale:** The MTUS guidelines with regards to treatment of shoulder complaints advise certain initial and ongoing therapy. This includes cold therapy the first few days after injury, with heat application thereafter. Other physical methods advised are range of motion exercises and strengthening, stretching, and adjusting workstation after ergonomic assessment. There is no mention of ongoing cold therapy long term after injury as an effective treatment for rotator cuff disease or impingement syndrome. As such, this treatment modality is not supported by evidence. Therefore, the requested treatment is not medically necessary.

**Stable sling, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The MTUS guidelines do have recommendations regarding the use of a sling for shoulder injuries. It is advised that the patient use a sling after injury for 1-2 days. This would be done with shoulder exercises to prevent rotator cuff stiffness. It advises 3 weeks of sling use for after shoulder dislocation and reduction. There is no mention of the use of a sling months after injury, and there would be concern that it could promote muscle atrophy and weakness. There is poor documentation regarding the need for a stable sling. Due to lack of evidence regarding its need and effectiveness for rotator cuff injury over 1 year after injury, the request is found to be not medically necessary.