

<b>Case Number:</b>	CM15-0092950		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 54 year old female who sustained an industrial injury on March 24, 2014. She has reported back pain, neck, and left shoulder pain and has been diagnosed with rotator cuff syndrome and cervical disc degeneration. Treatment has included surgery, injections, medications, and physical therapy. It is noted she lacks a few degrees of abduction and has weakness of abduction and external rotation. MRI revealed rotator cuff tendinosis with attenuation of the distal anterior supraspinatus tendon. There was intermittent to high grade partial articular surface tear at the infraspinatus insertion which appeared to be more than 50% thickness of the tendon. There was also labral degeneration with probably degenerative tear of the anterior superior labrum. The treatment request included Kodiak unit, stable sling 2 purchase, and inteli-flow shoulder pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kodiak Unit (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Blue Cross clinical guidelines, AETNA clinical guidelines, Official Disability Guidelines, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs. ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** There is no evidence to support the need of cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold in shoulder pain beyond a short period of time after surgery. The provider have the document the timing and the duration of shoulder cold therapy. Cold therapy is not indicated for chronic pain. Therefore, the request for Kodiak Unit (purchase) is not medically necessary.

**Stable sling 2 purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative abduction pillow sling. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Postoperative abduction pillow sling 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. (Ticker, 2008) There is no documentation that the patient condition requires a sling and the request is not medically necessary.

**Inteli-Flow shoulder pad purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Blue Cross clinical guidelines, The AETNA clinical guidelines, Official Disability Guidelines, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation IntelliSkin posture garments. <http://www.odg-twc.com/index.html>.

**Decision rationale:** Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims. See also the Low Back Chapter. There is no documentation supporting the need for intelli flow shoulder pad which is not recommended for chronic shoulder pain. Therefore, the request is not medically necessary.