

<b>Case Number:</b>	CM13-0020661		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 1, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation; transfer of care to and from various providers in various specialties, a shoulder corticosteroid injection and prior shoulder arthroscopy. In a utilization review report of August 23, 2013, the claims administrator denied a request for an UltraSling with abduction pillow and home health aide. The home health aide was apparently denied on the grounds that the claims administrator felt the applicant could perform requisite dressing changes postoperatively of her own accord. The claims administrator denied the abduction pillow sling on the grounds that the applicant had not undergone a massive rotator cuff repair for which the UltraSling would be indicated. The applicant's attorney subsequently appeared. On August 26, 2013, the applicant's surgeon writes that she has ongoing issues with shoulder pain, low back pain, complex regional pain syndrome, stress, and depression. Recommendations are made for her to pursue a rotator cuff repair surgery. She is described as having a tear of the supraspinatus tendon with associated fluid in the subdeltoid or subacromial bursa indicative of a full-thickness rotator cuff tear. She is placed off of work, on the total temporary disability, and asked to pursue both the UltraSling in question and a home health aide for the "purpose of wound cleaning and assistance with activities of daily living four hours daily for two weeks postoperatively." It is noted that the proposed surgical repair will be performed arthroscopically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **ULTRASLING WITH ABDUCTION PILLOW: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative Abduction Pillow Sling

**Decision rationale:** The California MTUS does not address the topic. As noted in the ODG Shoulder Chapter, Postoperative Abduction Pillow Sling topic, said postoperative abduction pillow slings are recommended as an option following open repairs of large or massive rotator cuff tears. Abduction slings are, per ODG, not used for arthroscopic repair. In this case, an arthroscopic repair was being contemplated as of the date of the utilization review report. An abduction pillow sling was not indicated in the treatment of the same, per ODG. Therefore, the request is not certified, on independent medical review.

## **HOME HEALTH AIDE 4 HOURS A DAY TIMES 2 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

**Decision rationale:** The attending provider writes in his progress note that a large portion of the home health aide's tasks include performance of non-medical assistance with activities of daily living postoperatively. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, however, usage of a home health aide to perform activities of daily living are not covered when this is the only service being requested. In this case, the attending provider has stated that he intends for the home health aide also perform postoperative wound care or wound cleaning. However, as noted by the previous utilization reviewer and the attending provider, the applicant is undergoing a minimally-invasive arthroscopic shoulder surgery. However, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does not cover home health aides to facilitate performance of non-medical activities of daily living such as cooking, cleaning, household chores, etc. Therefore, the request is not certified, on Independent Medical Review.