

Case Number:	CM13-0035621		
Date Assigned:	12/13/2013	Date of Injury:	12/25/2012
Decision Date:	07/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery 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 injured worker is a 50-year-old female who was reportedly injured on 12/25/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 9/13/2013, indicates that there were ongoing complaints of right shoulder pain. The physical examination demonstrated pain and weakness to supraspinatus testing and pain and weakness to external rotation testing. Diagnostic imaging studies included a magnetic resonance image of the right shoulder, 1/10/2013, which mentioned a rotator cuff tear. Previous treatment included non-steroidal anti-inflammatory drugs, steroid injection and physical therapy. A request had been made for one (1) ultrasling and twelve (12) postoperative physical therapy visits and was not certified in the pre-authorization process on 10/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Ultrasling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic) (updated 06/12/13), Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG -TWC, Shoulder (Acute & Chronic), updated 04/25/14.

Decision rationale: The Official Disability Guidelines recommend the use of a sling 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. After review of the medical records for the injured worker, it was noted that the injury to the right shoulder had been deemed surgical. However, surgery had not been approved at this time. Therefore, the need for a sling is deemed not medically necessary.

Twelve (12) postoperative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend the use of physical therapy in the postoperative setting. However, after review of the medical documentation provided, the requested surgical procedure has not been approved by the insurance carrier at this time. The request for postoperative physical therapy is deemed not medically necessary.