

Case Number:	CM13-0037156		
Date Assigned:	12/13/2013	Date of Injury:	08/26/2012
Decision Date:	02/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery is licensed to practice in Michigan, Nebraska, and Texas. 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 physician 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 patient is a 45 year old male who reported an injury on 08/26/2012. The mechanism of injury was a falling off a motorcycle. The patient diagnoses included right shoulder strain/sprain, tendonitis, bursitis, impingement syndrome, rotator cuff tear, and status post arthroscopic surgery on 10/19/2013. The patient complained of numbness to his right wrist post-surgery. The patient was to start physical therapy twice a week for 6 weeks, with focus on strength training, increasing range of motion, and decreasing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Sling with abduction pillow: 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).

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

Decision rationale: California MTUS ACOEM does not address Pro slings, immobilization, or DME. Official Disability Guidelines states immobilization is not recommended. Immobilization and rest seem to be overuse as treatment. Early mobilization include earlier return to work,

decreased pain, decreased swelling, decreased stiffness, and a greater preserved range of joint motion with no increased complications. Postoperative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears, but are not used for arthroscopic repairs. The patient did not undergo an open repair of large or massive rotator tear. Therefore, the use of the sling with abduction pillow has not been proven medically necessary; as such the request for Pro Sling with abduction pillow is non-certified.