

Case Number:	CM13-0043138		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2009
Decision Date:	07/22/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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:

This 34-year-old male operation technician sustained an industrial injury on 10/14/09, opening a door in the wind. Surgical history was positive for a right shoulder SLAP repair in 2010. The patient underwent right subacromial decompression, manipulation under anesthesia, and distal clavicle resection on 9/16/13. The 10/14/13 utilization review denied with request for a post-op Pro-sling with abduction pillow as the medical necessity was not supported relative to guideline recommendations. Guidelines recommended this type of sling following open repair of large and massive rotator cuff tears. The 10/29/13 orthopedic report cited grade 9/10 right shoulder pain. Right shoulder physical exam findings documented flexion and abduction 90 degrees, and internal/external rotation 50 degrees. Right hand numbness had intensified since surgery. The patient was having difficulty attending physical therapy due to the distance from his home. Physical therapy 3x6 was recommended.

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 FOR POSTOPERATIVE USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The California MTUS is silent regarding post-op shoulder slings in chronic cases. The Official Disability Guidelines recommend abduction slings as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The medical necessity of a sling with abduction pillow is not established relative to the decompression surgery that was performed. There is no compelling reason to support the medical necessity of the requested sling over a standard post-operative sling. Therefore, this request for a Pro-sling with abduction pillow for postoperative use is not medically necessary.