

Case Number:	CM13-0055469		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2011
Decision Date:	06/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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:

The claimant is a 40 year old female who sustained an injury to the right shoulder on 09/23/11. The records for review documented that the claimant has failed conservative measures and has a diagnosis of acromioclavicular joint arthropathy and impingement. The recommendation for a right shoulder arthroscopy with subacromial decompression was made. The report of an MRI of the right shoulder dated July 19, 2012 showed acromioclavicular joint arthropathy, and was negative for other findings. The clinical examination of October 15, 2013 showed restricted range of motion at endpoints and positive impingement signs. It noted that the claimant has failed care including chiropractic measures, acupuncture, anti-inflammatory agents and prior corticosteroid injection. A subacromial decompression was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 OF 6 DURABLE MEDICAL EQUIPMENT, ABDUCTION PILLOW/SLING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: When looking at Official Disability Guideline criteria, an abduction sling would not be indicated in this case. While surgical process in the form of a subacromial decompression has not been undertaken yet, it has been requested. Guideline criteria currently would not support the role of an abduction sling/pillow for use following decompression. The use of this device is reserved for large or massive rotator cuff repair procedures. The request is therefore not medically necessary and appropriate.