

<b>Case Number:</b>	CM13-0064694		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 35-year-old gentleman who was injured on 05/24/12 when a lid blew off of a bolt injuring the claimant in the left shoulder. The clinical records indicate that conservative care has failed with continued complaints of left shoulder pain. An MRI from 06/19/13 demonstrated a normal rotator cuff with degenerative changes of the acromioclavicular (AC) joint, a Type II acromion and inflammatory processes to the biceps tendon. The claimant failed conservative measures and currently surgical intervention in the form of a left shoulder arthroscopy, subacromial decompression and distal clavicle excision is being recommended for further care. The specific request in this case is in regards to postoperative use of an abduction pillow/sling for this individuals care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER SLING AND ABDUCTION PILLOW SLING:** 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), SHOULDER CHAPTER, IMMOBILIZATION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH

EDITION, 2013 UPDATES: SHOULDER PROCEDURE - POSTOPERATIVE  
ABDUCTION PILLOW SLING.

**Decision rationale:** The Official Disability Guidelines indicate that abduction slings are only indicated for larger massive rotator cuff tears following surgical intervention. The records in this case indicate that the claimant is to undergo a surgical arthroscopy with decompression and distal clavicle excision. There is no current diagnosis of full thickness rotator cuff tear. Absence of the above would fail to support the need for use of this form of immobilization. The request is non-certified.