

Case Number:	CM13-0065232		
Date Assigned:	05/07/2014	Date of Injury:	02/27/2013
Decision Date:	07/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Medicine, 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:

Patient is a 33-year-old male who has submitted a claim for Supraglenoid Labrum lesion associated with an industrial injury date of 2/27/13. Medical records from 2013 were reviewed which revealed constant bilateral shoulder pain which radiates down the right shoulder posteriorly to his triceps area. He has some difficulty sleeping on the right side and performing activities such as lifting, pulling and carrying. Left shoulder has same discomfort which radiates down the biceps muscle. Physical examination showed full active and passive range of motion of bilateral shoulders with 5/5 strength. Speeds, Hawkins and O'Brien's tests were all negative. No appreciable impingement and tenderness noted. X-ray of both shoulders dated 3/4/13 showed type II acromion with minimal AC joint degeneration. MRI of left shoulder dated 3/30/13 showed tear of anterosuperior portion of labrum, which involves inferior surface of biceps anchor, mild degenerative changes of AC joint. Treatment to date has included, intake of medications namely Ibuprofen, Vicodin and Flexeril. Utilization review from 12/4/13 denied the request for Ultra Sling (purchase) #1 because it failed to meet the evidence based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRA SLING PURCHASE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Shoulder Chapter, was used instead. ODG recommends sling/abduction pillow as an option following open repair of large and massive rotator cuff tears. In this case, patient did not have massive rotator cuff tear, and no surgery was performed. There is no compelling rationale that would warrant the need for postoperative sling. Guidelines are not met for the purchase of Ultra Sling. Therefore, the request of Ultra Sling (purchase) #1 is not medically necessary.