

Case Number:	CM13-0072727		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2010
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 66 year old male with an injury reported on 04/20/2010. The mechanism of injury was not provided in clinical documentation. The clinical note dated 10/28/2013, reported that the injured worker complained of neck and right shoulder pain. The cervical spine range of motion flexion was up to 20 degrees, extension up to 20 degree, right and left lateral bending, up to 20 degrees. Also, cervical spine left and right rotation was up to 20 degrees. A MRI of the right shoulder dated 09/09/2013, revealed a partial undersurface tear mid and distal supraspinatus tendon that is not full thickness with certainly less than 50%. The injured worker's diagnoses included status-post anterior cervical discectomy and fusion (ACDF) C4 to T1, Right shoulder impingement, congestive heart failure, and insomnia. The request for authorization was submitted on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER SLING WITH ABDUCTION PILLOW PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211-214.

Decision rationale: The injured worker complained of ongoing neck and right shoulder pain. According to California MTUS/American College of Occupational and Environmental Medicine guidelines state shoulder disorders may lead to joint stiffness more often than other joint disorders. Because patients with shoulder disorders tend to have stiffness followed by weakness and atrophy, careful advice regarding maximizing activities within the limits of symptoms is imperative, once red flags have been ruled out. If indicated, the joint can be kept at rest in a sling. Per MRI report the injured worker had a partial undersurface tear mid and distal supraspinatus tendon. The injured worker was noted as not being suitable for surgery related to his congestive heart failure. The American College of Occupational and Environmental Medicine (ACOEM) state that prolonged use of a sling only for symptom control is not recommended. Therefore, the request for a shoulder sling with abduction pillow is non-certified.