

<b>Case Number:</b>	CM14-0006762		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 was injured on 05/24/12 when a lid blew off of a bolt contusing the claimant in the left shoulder. Clinical records provided for review document that conservative care has failed as the claimant continues to have left shoulder pain. The report of an MRI dated 06/19/13 identifies a normal rotator cuff, degenerative changes of the acromioclavicular joint, a Type II acromion and inflammatory processes of the biceps tendon. The recommendation for surgery to include left shoulder arthroscopy, subacromial decompression and distal clavicle excision is made. The specific request for this review is for the use of an abduction pillow/sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER ABDUCTION PILLOW SLING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)- Shoulder Chapter, Post Operative Abduction Pillow Sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Shoulder - Post Operative abduction pillow sling

**Decision rationale:** The CA MTUS ACOEM Guidelines do not recommend a sling for acute, subacute, or chronic shoulder pain. According to the Official Disability Guidelines a shoulder abduction pillow/sling would not be indicated. The clinical records indicate this individual will be undergoing surgical intervention in the form of arthroscopies, subacromial decompression, and distal clavicle excision. Preoperative MRI does not demonstrate rotator cuff pathology with the rotator cuff being "normal." Slings are only indicated for larger massive rotator cuff repairs. The specific request for the sling in this setting would not be supported. Therefore, the request for left shoulder abduction pillow sling is not medically necessary and appropriate.