

Case Number:	CM14-0010735		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2012
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 patient is a 62-year-old female who has submitted a claim for status post left shoulder arthroscopic surgery, lumbar spine myalgia, cervical spine radiculitis / myofasciitis, and lateral epicondylitis of right elbow associated with an industrial injury date of 11/01/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the neck, left shoulder, and back. Physical examination of the left shoulder revealed that patient can abduct passively to 85 degrees, forward flex to 115 degrees, and internal / external rotation to 25 degrees. Motor strength was graded 4/5. Tenderness was present at the left shoulder and left trapezius. Spurling's test was positive at the left. Treatment to date has included left shoulder arthroscopy, rotator cuff repair, and labral reconstruction on 8/29/2013; physical therapy, home exercise program, and medications. Utilization review from 01/03/2014 denied the request for pro-sling abduction pillow for the left shoulder because there were no post-operative or physical therapy reports available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-SLING ABDUCTION PILLOW LEFT SHOULDER: 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, Abduction Pillow.

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, Abduction Pillow.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It recommends abduction pillow slings as an option following open repair of large and massive rotator cuff tears. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, patient underwent left shoulder arthroscopy, rotator cuff repair, and labral reconstruction on 8/29/2013. However, guidelines clearly state that abduction pillows are not recommended status post arthroscopic repairs. Moreover, progress report from 10/3/2013, cited that patient had been wearing an abduction pillow and immobilizer for four weeks post-operatively. There is no compelling indication for providing a new abduction pillow at this time. Therefore, the request for pro-sling abduction pillow left shoulder is not medically necessary.