

Case Number:	CM14-0010911		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2007
Decision Date:	07/28/2014	UR Denial Date:	01/16/2014
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 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 patient is a 61-year-old female who has submitted a claim for displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of January 31, 2007. Medical records from 2013 were reviewed. The patient complained of left shoulder pain. She is status post left shoulder mini open rotator cuff repair of full-thickness tear and left shoulder arthroscopic subacromial decompression on October 21, 2013. Physical examination showed clean, dry, and intact surgical sites without signs of infection. Hands are warm to touch and sensation is intact in the C5 and C6 distributions. The diagnoses were left shoulder subacromial bursitis, left shoulder subacromial impingement and left shoulder rotator cuff full-thickness tear status post left shoulder ASAD with rotator cuff repair. Treatment plan includes a request for a Bledsoe Arc left shoulder sling. Treatment to date has included oral and topical analgesics, physical therapy, home exercise program and left shoulder surgery. Utilization review from January 16, 2014 denied the request for purchase of a Bledsoe Arc left shoulder sling because there was no evidence of a large massive rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A BLEDSOE ARC LEFT SHOULDER 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.

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, ODG was used instead. ODG states that postoperative abduction sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. 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, the patient has undergone left shoulder mini open rotator cuff repair of full-thickness tear measuring 1.5cm. There was no evidence of large and massive rotator cuff tear that would warrant post operative use of an abduction sling. There was no discussion concerning the need for variance from the guidelines. Therefore, the request for PURCHASE OF A BLEDSOE ARC LEFT SHOULDER SLING is not medically necessary.