

Case Number:	CM14-0019140		
Date Assigned:	04/23/2014	Date of Injury:	06/22/2001
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopaedic 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 is a 69-year-old male sustained an industrial injury on 6/22/01, when he developed bilateral shoulder and elbow pain while drilling holes. He is status post-right elbow surgery on 12/4/01, and left shoulder arthroscopy, subacromial decompression, distal clavicle resection and labral repair on 6/3/03. The patient reported a development of left shoulder pain and weakness in July 2013. The 12/10/13 left shoulder MRI revealed moderate to severe rotator cuff tendinosis, no rotator cuff tear, and circumferential degenerative appearance of the labrum with no tear seen. There was moderate tendinosis of the long head of the biceps tendon, post subacromial decompression and distal clavicle excision changes, and mild glenohumeral joint chondromalacia. The 1/20/14 treating physician report cited subjective complaints of severe left posterior shoulder pain radiating down his arm, with weakness and decreased range of motion. Shoulder symptoms are aggravated by grasping, lifting, repetitive movements, and recreational activities. He has difficulty with abduction. The patient received a cortisone injection in December that improved pain and range of motion for the first few days, but the shoulder continued to be painful and sore. Physical exam findings documented infraspinatus, bicipital groove, and subacromial tenderness with 4/5 supraspinatus and infraspinatus strength. Range of motion was limited to 150 degrees flexion and abduction, 30 degrees extension, and 60 degrees internal/external rotation. Orthopedic testing demonstrated positive crossover, impingement, Speed's, and supraspinatus tests. The diagnosis was shoulder and upper arm sprain/strain. Left shoulder arthroscopy with subacromial decompression, biceps tenodesis, and distal clavicle resection was recommended. The 1/30/14 utilization review non-certified the requested surgery because there was no indication to redo the clavicle resection as the patient had a prior distal clavicle resection. The post-operative sling was non-certified, as the surgery was not deemed necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization.

Decision rationale: Under consideration is a request for post-operative sling. The ACOEM guidelines recommended brief use of a sling for severe shoulder pain. The Official Disability Guidelines state that post-operative abduction slings are recommended as an option following open repair of large and massive rotator cuff tears. Guidelines generally do not recommend immobilization as a primary treatment and state it is a major risk factor for the development of adhesive capsulitis. Guideline criteria have not been met. There is no current indication in the records that surgery has been authorized for this patient. Therefore, this request for a post-operative sling is not medically necessary.