

Case Number:	CM14-0112820		
Date Assigned:	09/22/2014	Date of Injury:	03/07/2013
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/20/2014

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 Minnesota. 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 55 years old male with a history of right shoulder and elbow injury on 03/07/2013. There is MRI evidence of tendinosis or a partial thickness rotator cuff tear with calcification but no full thickness tear. Mild acromioclavicular arthritis is also noted. Clinically there is a painful arc with positive Neer and Hawkins impingement signs, and weakness of infraspinatus. Arthroscopic surgery of the right shoulder with subacromial decompression, Mumford procedure, excision of calcific deposits, and repair of the supraspinatus with suture anchors has been approved. The disputed item is a postoperative abduction pillow sling for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder- Chapter- Postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section: Shoulder (Acute and Chronic) Topic: Post operative abduction pillow sling.

Decision rationale: CA MTUS does not address a post-operative abduction pillow sling. ODG guidelines recommend it 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 the tension off the repaired tendon. It is NOT used for arthroscopic repairs. Furthermore the MRI scan does not show a full thickness tear. The abduction pillow is therefore NOT medically necessary.