

Case Number:	CM14-0113687		
Date Assigned:	08/01/2014	Date of Injury:	06/22/2008
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice 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:

This is a 57 year old female claimant who sustained a work injury on 6/22/08 involving the right shoulder. An MRI in May 2012 indicated tendonopathy of the supraspinatus region and a full thickness right rotator cuff tear. She had undergone physical therapy and received shoulder injections. An examination note on 6/18/14 did not indicate any abnormalities. A progress note on 7/17/14 noted that the claimant had positive provocative findings of the supraspinatus region. A subsequent request was made on 7/21/14 for a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Arm Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to the ACOEM guidelines, immobility is recommended only 1-2 days after the shoulder injury. In this case, the shoulder injury was chronic. The time length of use of a sling is not identified. A complete exam of the shoulder is not provided to indicate the need for a sling. The shoulder sling is not medically necessary.

