

Case Number:	CM14-0161944		
Date Assigned:	10/07/2014	Date of Injury:	07/17/2012
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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:

32-year-old male claimant with an industrial injury dated 07/17/12. MRI of the right shoulder dated 11/14/12 reveals a SLAP, 2 tear superior labrum, Type I acromion with no significant narrowing, rotator cuff is intact and no significant tendinosis, coracohumeral interval is normal. Exam note 08/25/14 states the patient returns with right shoulder pain. The patient experiences numbness and paresthesias in the right shoulder. The pain is noted to radiate to the neck, arm, elbow, and fingers. The patient rates the pain an 8/10. Upon physical exam there is tenderness anterolateral subacromial and lateral deltoid. The patient had a positive impingement sign test and supraspinatus sign test. There was evidence of acromioclavicular joint tenderness, and crepitus. Range of motion of the right shoulder had a flexion of 90', abduction of 90', extension of 10', external rotation of 40', and internal rotation of 15'. Diagnosis is noted as a right shoulder impingement syndrome with SLAP tear. Treatment includes a right shoulder arthroscopy with extensive debridement, subacromial decompression, coracoacromial ligament release, and injection of Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduct restrainer canvas & web: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder, 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) Shoulder section, postoperative abduction pillow sling.

Decision rationale: CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG Shoulder section, postoperative abduction pillow sling, is recommended following open repair of large and massive rotator cuff tears but not for arthroscopic repairs. In this case there is no indication for need for open rotator cuff repair in the exam note of 8/25/14 and therefore determination is for non-certification.