

<b>Case Number:</b>	CM14-0168300		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 12/28/2010. The date of the utilization review under appeal is 09/15/2014. This patient's diagnosis is shoulder impingement. As of 06/20/2014, the treating physician requested authorization for a right shoulder arthroscopy with subacromial decompression. This request for surgery was certified in the physician review of 09/15/2014; however, that review did not certify a request for an abduction pillow because a rotator cuff repair was not planned, and, therefore, no indication for an abduction pillow was apparent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-sling w/ abduction pillow, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Shoulder/Postoperative abduction pillow sling

**Decision rationale:** The use of a sling with abduction pillow is not specifically discussed in the California Medical Treatment Utilization Schedule. This equipment is discussed, however, under Official Disability Guidelines/Treatment in Workers

Compensation/Shoulder/Postoperative abduction pillow sling. This guideline recommends such an abduction pillow sling as an option following open repair of large and massive rotator cuff tears in order to reduce the risk of re-injury to the rotator cuff. The guidelines and the medical records do not provide a rationale for the requested abduction pillow sling since there is not a clear plan for an open repair of a large rotator cuff tear. This request is not medically necessary.