

Case Number:	CM14-0020935		
Date Assigned:	04/30/2014	Date of Injury:	04/09/2013
Decision Date:	07/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 Surgeon, has a subspecialty in Shoulder and Elbow 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 injured worker is a 44-year-old male with a reported date of injury on 04/09/2013. The mechanism of injury was reported to be a motor vehicle accident. His diagnoses were noted to include right shoulder rotator cuff tear, compression fracture of the lumbar spine and internal derangement of the left shoulder sprain/strain. His previous treatments were noted to include physical therapy, shoulder injection, and medications. The progress note dated 04/28/2014 reported the injured worker complained of low back pain with radiation down to his bilateral legs rated 5/10 to 6/10. An unofficial MRI report dated 12/06/2013 of the right shoulder reported tendinosis and 0.9cm rim tear at the footplate insertion of the distal supraspinatus tendon, Superior labral tear extending into the anterior superior and posterior superior labrum, and laterally downward sloping distal acromion with undersurface bony remodeling and moderate degenerative changes at the acromioclavicular joint, increasing the injured worker's risk for anatomic impingement. The injured worker also complained of right shoulder pain aggravated with overhead activities and lifting rated 2/10 to 3/10. The right shoulder examination revealed tenderness over the anterior acromion and the active revealed flexion was to 140 degrees, extension was to 40 degrees, abduction was to 160 degrees, adduction was to 30 degrees, internal rotation was to 50 degrees, and external rotation was to 80 degrees. The provider reported an MRI dated 04/01/2014 reported a 4 mm disc bulge at L4, L5 and S1. The provider reported the injured worker is scheduled for right shoulder arthroscopy on 05/28/2014. The request for authorization form was not submitted within the medical records. The request is for a shoulder abduction pillow sling; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder pillow abduction sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Shoulder Chapter.

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 request for a shoulder abduction pillow sling is not medically necessary. The injured worker was scheduled to have surgery 05/28/2014. The Official Disability Guidelines recommend a postoperative abduction pillow sling 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 tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the repaired sulcus but are not used for arthroscopic repairs. The MRI reported a superior labral tear extending into the anterior, superior, and posterior labrum and the injured worker is scheduled to have an arthroscopic shoulder surgery. The request dated 03/31/2014 was for an ultrasling for post-operative care and it is unclear to which sling the physician is requesting. There is a lack of documentation of a larger rotator cuff tear. Therefore, the request is not medically necessary.