

Case Number:	CM14-0022527		
Date Assigned:	02/26/2014	Date of Injury:	04/10/1995
Decision Date:	08/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Management 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 58-year-old male with a 4/10/1995 date of injury. A specific mechanism of injury was not described. The 12/20/13 Utilization Review determination was non-certified given that an associated surgical request was apparently also non-certified. The 11/20/13 Pain Management report revealed low back pain radiating to the right leg with numbness and tingling. Exam was also directed to the lumbar spine. There were several psychological progress reports. Right shoulder MRI report revealed supraspinatus tendinosis, biceps tenosynovitis, minimal subacromial bursitis, osteoarthropathy or acromioclavicular joint, and subchondral cyst/erosion at the lateral aspect of the humeral head. The 9/11/13 orthopedic report identified that the patient received a subacromial injection with dramatic resolution of the patient's pain. Recommendations included a right shoulder subacromial impingement decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure - 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 Chapter, Immobilization.

Decision rationale: Official Disability Guidelines (ODG) states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed frozen shoulder. It appears that the requested sling was intended for post-operative use following a right shoulder decompression. However, the medical records did not indicate in such procedure was certified and/or performed. The medical necessity for the requested sling was not substantiated.