MAXIMUS Federal Services

Case Number:	CM14-0028988		
Date Assigned:	04/07/2014	Date of Injury:	06/13/2012
Decision Date:	05/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/17/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 41 year old male with a reported date of injury on 06/13/2013; the mechanism of injury was a repetitive use injury. This injured worker was seen on 12/23/2013 for a pre-op appointment and physical to discuss their upcoming shoulder surgery. The injured worker noted complaints of pain in the right shouder, described as dull, achy and constant. The injured worker'd complaints improved with NSAIDs, ice and rest. Upon examination to the right shoulder, the physician noted palpation showed tenderness over the subacromial area and tenderness over the anterior joint line. Range of motion of the right shoulder was assessed and was noted to be forward flexion was 160 degrees, abduction was 150 degrees, internal rotation was to T-10, and external rotation was 60 degrees. Sensations remained grossly intact and symmetric throughout all dermatomes. Cervical spine exam revealed full pain-free range of motion, no tenderness, and grip strength is 5/5. The provider recommended right shoulder surgery for ganglion cyst. The physician prescribed the injured worker Norco, phenergan, and Vicoprofen. The injured worker had diagnoses including pain to the shoulder, ganglion cyst to the shoulder joint, labral strain/tear, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SMARTSLING: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Shoulder Chapter, Postoperative abduction pillow sling

Decision rationale: CA MTUS/ACOEM states rest and immobilization is recommended and the guidelines recommend brief use of sling for severe shoulder pain (1 to 2 days) with pendulum exercise to prevent stiffness in case of rotator cuff condition, 3-week use or less of a sling after an initial shoulder dislocation and reduction, same for AC separation or severe sprain. It is not recommended for prolonged use for symptom control. Official Disability Guidelines state a postoperative abduction pillow sling are supported following open repair of large and massive rotator cuff tears. The clinical information submitted for review failed to indicate the patient was to undergo an open repair of a large and massive rotator cuff tear to meet guideline criteria for the requested device. Therefore, the request is non-certified.