

Case Number:	CM14-0031325		
Date Assigned:	04/09/2014	Date of Injury:	09/23/2011
Decision Date:	05/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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 patient is a 40-year-old female who reported an injury on 09/23/2011. The specific mechanism of injury was not provided. The documentation of 12/17/2013 revealed the physician was requesting a right shoulder arthroscopy with a subacromial decompression, lab work, postoperative physical therapy, an abduction pillow sling, and a cold therapy unit rental times 14 days. The diagnosis was right shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (DURABLE MEDICAL EQUIPMENT) PURCHASE: ABDUCTION PILLOW SWING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013 Updates, Chapter Shoulder

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, Post-operative abduction pillow sling

Decision rationale: The Official Disability Guidelines (ODG) recommend a postoperative abduction pillow sling following the open repair of a large and massive rotator cuff tear. The

clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating that the injured worker had a large rotator cuff tear and that the requested surgery had been approved. The request for a purchase of an abduction pillow sling is not medically necessary and appropriate.