

Case Number:	CM14-0038734		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2012
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopaedic 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:

This 64-year-old male driver sustained an industrial injury on 2/16/12. The injury occurred when a lid he was holding fell and jerked his left arm. The patient underwent left shoulder arthroscopic subacromial decompression, extensive debridement, distal clavicle resection, capsulotomy and manipulation under anesthesia on 2/4/13. The 3/6/14 left shoulder MRI impression documented an extensive retracted rotator cuff tear with muscle atrophy. The repaired labrum was frayed but intact. The biceps tendon was torn from the anchor and scarred in the bicipital groove. There was moderate to large effusion. The 3/12/14 orthopedic report cited on-going left shoulder pain and intermittent numbness and tingling. Physical exam documented 160 degrees abduction, normal flexion, and internal/external rotation 50 degrees. Strength was 4/5. The treatment plan recommended surgery to include possible labral repair, repair of the biceps tendon, and repair of the rotator cuff. A left upper extremity EMG was requested to rule-out brachial plexus injury. The 3/24/14 utilization review denied the request for left shoulder sling, as the associated surgical request was not found to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 205, 213.

Decision rationale: The ACOEM Guidelines state that prolonged use of a shoulder sling only for symptom control is not recommended. The use of a post-operative sling is generally indicated. Guideline criteria have not been met. Records indicate that surgery has not been authorized. Non-surgical immobilization is not indicated or supported by guidelines. Therefore, this request for a left shoulder sling is not medically necessary.