

<b>Case Number:</b>	CM14-0055880		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family Medicine 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 54 year old male who reported an industrial injury on 2/1/2007, over seven years ago, to the left shoulder. The patient was scheduled to undergo left shoulder Arthroscopy on 5/16/2014 for subacromial decompression and debridement of the rotator cuff. The operating surgeon requested DME--Ultrasling postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultra Sling:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (chapter on the shoulder) states, Postoperative abduction pillow sling....

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -impingement surgery.

**Decision rationale:** The durable medical equipment (DME) provided to the patient in the form of the Ultrasling purchase was demonstrated to be medically necessary for the post operative care of the patient s/p surgical intervention to the shoulder. The patient underwent surgical intervention to the shoulder for SAD and debridement of the rotator cuff. The post operative

care of the patient required initial immobilization to the shoulder. The Ultrasling is requested by an orthopedic surgeon for the post operative care of this patient consistent with evidence based guidelines and the accepted protocols for the post operative care of the shoulder s/p Arthroscopy therefore Ultra Sling is medically necessary.