

Case Number:	CM14-0063556		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2013
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopedic 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:

The injured worker is a 73-year-old male who sustained a vocational injury working as a supervisor on 06/18/13 when a customer who was trying to steal merchandise struck him on the right shoulder. The claimant underwent a right shoulder arthroscopy with subacromial decompression and arthroscopic debridement of a rotator cuff and labral, arthroscopic biceps tenotomy, a mini Mumford procedure, diagnostic bursoscopy on 02/13/14. The claimant was seen in follow up on 03/19/14 at which time he complained of intermittent headaches, occasional chest/rib pain, constant right shoulder pain, anxiety and depression. No physical exam objective findings were reported. The claimant's working diagnoses are headache, chest wall contusion, right shoulder partial rotator cuff tear, anxiety and depression. The current request is for a Pro-Dash Sling with an abduction pillow purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-sling with abduction pillow purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 03/31/14) Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563 Table 9-6. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG); Shoulder Chapter.

Decision rationale: California MTUS/ACOEM Guidelines have been referenced and Official Disability Guidelines have also been supplemented. California MTUS/ACOEM Guidelines note that slings can be considered for severe shoulder pain for one to two days with recommendation to pursue pendulum exercises to prevent stiffness in the case of rotator cuff conditions. Slings can be used for additional shoulder dislocations following reduction for up to three weeks and the same recommendations apply for AC separations or severe sprains. The prolonged use of a sling should only be considered for symptom control and is not recommended as medically necessary. Official Disability Guidelines support that postoperative abduction pillow slings could be considered medically necessary following open repair of large and massive rotator cuff tears. It is noted that abduction pillows for large and massive tears may decrease tendon contraction to the prepared sulcus but are not used for arthroscopic repairs. Documentation presented for review suggests that the claimant did not have surgical intervention, which involved an open rotator cuff repair or repair of a massive tear of the rotator cuff. Therefore, the request for a Pro-sling with abduction pillow purchase is not medically necessary and appropriate.