

Case Number:	CM14-0065239		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2013
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational 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:

Patient is a 47 year-old female with date of injury 04/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/21/2014, lists subjective complaints as pain in the upper right extremity and neck. Patient underwent SAD and Mumford procedure on 12/02/2013. Objective findings: Examination of the right shoulder revealed tenderness and instability in the anterior capsule and acromioclavicular joint. Range of motion was decreased in all planes and crepitus on motion was present. Impingement sign was positive. Diagnosis: right shoulder adhesive capsulitis, status post arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-SLING W/ ABDUCTION PILLOW: Upheld

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

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

Decision rationale: The MTUS recommends brief use of a sling for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. Prolonged

use of a sling only for symptom control is not recommended. Patient is several months status post surgery.