

Case Number:	CM14-0069977		
Date Assigned:	07/14/2014	Date of Injury:	01/22/2010
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 and 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:

This 46 year-old patient sustained an injury on 1/22/10 from a motor vehicle accident while employed by [REDACTED]. The request under consideration is a Sling. The diagnoses include shoulder joint derangement with medications list of Cymbalta, Flexeril, Clindamycin, Tramadol, Percocet, Topamax, Levothyroxine, Ambien, Vesicare, Flector patch, Lamictal, Estradiol, and Imitrex. The patient is s/p endoscopic carpal tunnel release on right with capsuloorrhaphy and stabilization of right thumb CMP joint on 12/12/13; s/p cervical discectomy and arthrodesis of C5-7 on 1/2/14. Conservative care has included physical therapy, medications, and activity modification/rest. A report of 4/1/14 from the provider noted the patient with follow-up for left shoulder pain with episodes of popping out, but not needing reduction. An exam did not show shoulder deformity or erythema; no tenderness to palpation; good range of shoulder with decreased abduction strength; positive Empty can test/ apprehension sign with abduction/ER/ along with positive Jobe relocation test. MR Arthrogram of 3/27/14 showed some thickening of supraspinatus tendon consistent with tendinopathy/ tendinitis without thickness tear or tendon retraction. Treatment plan was for the patient to undergo physical therapy. A report of 4/10/14 noted treatment plan for left shoulder arthroscopy with labral repair/capsular plication. A request for a Sling was determined not medically necessary on 4/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-205; 213.

Decision rationale: Request(s) for Sling was deemed not medically necessary on 4/18/14. Per Guidelines, a shoulder sling may be recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. Guidelines state that immobilization using sling with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity has not been established and criteria are not met. The sling is not medically necessity and appropriate.