

Case Number:	CM14-0072548		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2010
Decision Date:	09/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work between the dates October 12, 2009 through October 12, 2010. Thus far, the applicant has been treated with analgesic medications; attorney representation; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for a Pro-Sling with abduction pillow. The article was, per the claims administrator reportedly being endorsed for postoperative purposes. The claims administrator denied the request, however, stating that the attending provider had failed to state what surgery or surgeries had transpired so as to require usage of the abduction sling. Non-MTUS Third Edition ACOEM Guidelines were cited in the denial, which the claims administrator mislabeled as originating from the MTUS. A medical-legal evaluation dated December 24, 2013 did allude to an operative report of October 30, 2013, in which the applicant underwent a left shoulder arthroscopic subacromial decompression, distal clavicle resection, and coracoacromial ligament release with bursectomy. The actual operative report of October 30, 2013 was reviewed. The applicant did in fact undergo an arthroscopic surgery on that date. Physical therapy was endorsed on January 20, 2014, while the applicant was placed off of work, on total temporary disability. A variety of consultations, including a psychiatry consultation, orthopedic consultation, and rheumatology consultation were sought. The applicant was again placed off of work, on total temporary disability, on March 27, 2014. The sling at issue was apparently requested on October 30, 2013, the claims administrator suggested in its Utilization Review Report.

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 for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 04/25/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: The article at issue was apparently requested on the date of arthroscopic shoulder surgery, October 30, 2013. While the MTUS does not specifically address the topic of postoperative sling usage, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does "not recommend" prolonged usage of sling only for symptom control purposes. In this case, the applicant underwent a relatively minor arthroscopic shoulder surgery on October 30, 2013. Prolonged, protracted usage of a sling, as was seemingly proposed here, was not indicated following the relatively minor surgery which transpired. Similarly, the ODG Shoulder Chapter Postoperative Abduction Pillow Sling topic recommends postoperative adduction pillow slings as an option only following open repair of large or massive rotator cuff tears. In this case, again, the applicant underwent a relatively minor arthroscopic shoulder surgery. Provision of the sling in question was not, consequently indicated. Therefore, the request was not medically necessary.