

Case Number:	CM14-0073806		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2012
Decision Date:	10/01/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 licensed in Chiropractic and Acupuncture 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 37 year old male who reported an injury to his right shoulder on 10/10/12. A clinical note dated 08/20/14 indicated the injured worker recommended for right shoulder surgery in order to remove hardware. The injured worker reported constant right shoulder pain. Pushing, pulling, lifting, and carrying all exacerbated the pain level. The injured worker was identified as having range of motion limitations throughout the right shoulder. The injured worker stated the right shoulder pain was exacerbated with nearly all lifting activities. The injured worker stated he used his left hand for nearly all other activities. The injured worker reported numbness in the five fingers. Upon exam the injured worker demonstrated 130 degrees of right shoulder abduction, 105 degrees of flexion, 80 degrees of internal rotation, 70 degrees of external rotation, 40 degrees of extension, and 20 degrees of adduction. The injured worker utilized tramadol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling

Decision rationale: The request for abduction sling is non-certified. The injured worker complained of right shoulder pain with associated range of motion deficits. Abduction sling is indicated for injured workers as part of the post-operative recovery following massive rotator cuff tear. No information was submitted regarding recent completion of any operative procedures specifically addressing massive rotator cuff tear. Given this, the request for Abduction Sling is not indicated as medically necessary.