

Case Number:	CM14-0090498		
Date Assigned:	07/23/2014	Date of Injury:	06/26/2013
Decision Date:	10/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 61 year-old female who was reportedly injured on 6/26/2013. The mechanism of injury is noted as a trip and fall. The most recent progress note dated 5/19/2014. Indicates that there are ongoing complaints of right shoulder pain. No recent treatment records that included physical examination are submitted for review. Diagnostic imaging studies include a magnetic resonance image of the right shoulder dated 8/6/2013 which revealed a full thickness rotator cuff tear. Previous treatment includes medications, physical therapy, right shoulder arthroscopy, and conservative treatment. A request was made for [REDACTED] clavicular canvas and sling and was not certified in the pre-authorization process on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] / Clavicular Canvas and [REDACTED] (Sling) for Outpatient Date of Service 9/13/13:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder. (Acute and Chronic) Postoperative Abduction Pillow Sling. Updated 8/27/2014.

Decision rationale: Official Disability Guidelines recommend postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. This sling and abduction pillow will keep the arm position it takes tension of the repair tendon. It may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The request is not medically necessary.