

Case Number:	CM14-0130140		
Date Assigned:	08/20/2014	Date of Injury:	03/01/2014
Decision Date:	04/15/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 48 year old, male patient, who sustained an industrial injury on 03/01/2014. An orthopedic follow up visit dated 07/18/2014, reported the patient having been undergoing conservative treatment of a disk herniation of the cervical spine at C5-C6. Physical therapy was recommended treating the shoulder/neck complaint with suggestion of a more aggressive approach regarding the cervical spine region. Physical examination found cervical spine with mild tenderness to palpation; mild swelling. His left shoulder exam revealed mild tenderness and swelling along with a positive impingement sign. The diagnostic impression described cervical spine disk herniation C5-6; left shoulder impingement syndrome/labral tear; lumbosacral spine strain . A request was made for a sling with abduction pillow for post-operative use on the left shoulder. On 07/30/2014, Utilization Review, non-certified the request, noting the ODG, Shoulder Acute/Chronic was cited. On 08/14/2014, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One sling with abduction pillow for post-operative use of the left shoulder (unspecified if purchase or rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation: Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Shoulder: Postoperative abduction pillow sling.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, it is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The requested surgical repair is arthroscopic and review of records show that the requested surgery was denied by UR. Sling with abduction is therefore not medically necessary.