

Case Number:	CM14-0192971		
Date Assigned:	11/26/2014	Date of Injury:	03/11/2014
Decision Date:	01/22/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Surgery, 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 patient is a 37 year old male who sustained a work related injury to his right shoulder when lifting a heavy trash container on March 11, 2014. The pain to his right shoulder persisted with decreased range of motion. A magnetic resonance imaging on May 21 2014 noted moderate grade tear of the supraspinatus tendon with a portion involving the articular surface. No definitive labral tearing was noted. The treatment plan consisted of conservative care, physical therapy, two trigger point injections, and Ibuprofen. The injured worker remained on modified work restrictions. Diagnosis was rotator cuff rupture and failure to respond to previous treatment after 5 months according to the physician's progress report of August 27, 2014. The injured worker was approved for surgical intervention for diagnostic right shoulder arthroscopy with likely rotator repair versus debridement and possible labral resection, possible biceps tenotomy. The treating physician had requested authorization for post-operative sling. On October 15, 2014 the Utilization Review denied authorization for the post-operative sling as not medically necessary for arthroscopic repairs. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Treatment and the Official Disability Guideline (ODG) Shoulder Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op Sling: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.