

<b>Case Number:</b>	CM14-0204202		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

This is a 45 year old male with a 5/6/14 injury date. A 10/17/14 operative note revealed that the patient underwent a right shoulder arthroscopy, subacromial decompression, distal clavicle excision, and debridement of labral tear. The provider had requested the use of a Pro sling during the postoperative period. Diagnostic impression: right shoulder impingement syndrome. Treatment to date: right shoulder arthroscopy. A UR decision on 11/5/14 denied the request for right shoulder Pro sling because the medical records did not document a massive rotator cuff tear for which such a sling would be medically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro sling right shoulder:** Overturned

**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 Chapter

**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- Post-Operative Abduction Pillow Sling

**Decision rationale:** CA MTUS does not address this issue. ODG recommends abduction pillow slings 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. In this case, the patient did undergo a right shoulder arthroscopy in which a significant amount of work was done. The use of an abduction sling or Pro sling offers many advantages over a simple sling in the early post-operative period other than keeping the shoulder in an abducted position, and even when a rotator cuff repair was not performed. The use of a Pro sling appears appropriate in this case given the need for patient comfort, sling durability, and additional sling adjustment options. Therefore, the request for Pro sling right shoulder is medically necessary.