

Case Number:	CM14-0207867		
Date Assigned:	12/19/2014	Date of Injury:	12/23/2013
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 year old claimant with reported industrial injury of 12/23/14. Exam note 10/14/14 demonstrates complaints of severe left shoulder pain. Exam demonstrates positive impingement signs noted on the left. Positive Hawkin's test is also noted. Range of motion of the left shoulder demonstrates 145 degrees of abduction, 150 degrees of flexion, 40 degrees of internal rotation. External rotation is noted to be 70 degrees. MRI of left shoulder on 8/8/14 demonstrates moderate grade partial thickness rotator cuff tear. Tendinosis, mild subacromial bursitis and possible labral tear is also noted. Claimant is status post left shoulder arthroscopy on 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a pro-sling with abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case there is no indication for need for open rotator cuff repair. Therefore, determination is for non-certification.