

Case Number:	CM14-0040880		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2012
Decision Date:	02/25/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is an [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of August 9, 2012. In a Utilization Review Report dated March 4, 2014, the claims administrator failed to approve a request for a 14-day abduction sling rental. The claims administrator stated that the abduction sling rental was being denied on the grounds that an associated adhesive capsulitis repair procedure had also been denied. The claims administrator referenced an RFA form received on February 24, 2014 in the determination. The applicant's attorney subsequently appealed, in a later dated March 11, 2014. The applicant had apparently undergone earlier shoulder manipulation under anesthesia procedure on September 11, 2013. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone and/or was scheduled to undergo shoulder surgery at any point during, after, and/or immediately surrounding the date of the Utilization Review Report, March 4, 2014. On February 12, 2014, the applicant's shoulder surgeon stated that manipulation under anesthesia and/or arthroscopic lysis of adhesion procedure was the only option for the applicant. Postoperative durable medical equipment including continuous passive motion device and an abduction sling were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction sling 14 day 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG's Shoulder Chapter, Postoperative Abduction Pillow Sling topic.

Decision rationale: The MTUS does not address the topic of postoperative abduction pillow slings. While ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic does acknowledge that postoperative abduction pillow slings are recommended as an option following open repair of large and/or massive rotator cuff tears, in this case, however, there was no mention of the applicant's undergoing any kind of large rotator cuff repair surgery. The claims administrator apparently denied the planned manipulation under anesthesia and/or arthroscopic lysis of adhesion procedure. There was no evidence that the applicant had actually undergone and/or has been scheduled to undergo the also-contested procedure. Therefore, the derivative or companion request for an abduction pillow sling is not medically necessary.