

Case Number:	CM15-0109256		
Date Assigned:	06/15/2015	Date of Injury:	05/30/2012
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 52 year old man sustained an industrial injury on 5/30/2012.the mechanism of injury is not detailed. Evaluations include an undated right shoulder MRI. Diagnoses include right shoulder impingement syndrome and cubital tunnel syndrome. Treatment has included oral medications, physical therapy, and injections. Physician notes dated 4/8/2015 show right shoulder pain. Recommendations include surgical intervention, Ultram, and independent medical review of the cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sling Purchase (Right Shoulder): 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 Official Disability Guidelines (ODG) Shoulder/Post-operative abduction pillow sling.

Decision rationale: An Ultra sling is an abduction pillow sling. Regarding post-operative abduction pillow slings, the ODG states: "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." This worker had right shoulder arthroscopy on 5/18/2015. It was stated in the operative note "no rotator cuff tears were seen." The medical record does not indicate there was ever an open repair of a large and massive rotator cuff tear for which an abduction pillow sling would be indicated. Abduction pillows are not indicated for arthroscopic repairs. Therefore the request is not medically necessary.