

Case Number:	CM15-0135212		
Date Assigned:	07/23/2015	Date of Injury:	02/23/2013
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 55 year old male, who sustained an industrial injury on 2/23/2013. The mechanism of injury was from lifting. The injured worker was diagnosed as having lumbosacral sprain/strain and shoulder sp. There is no record of a recent diagnostic study. Treatment to date has included shoulder surgery, therapy and medication management. In a progress note dated 6/28/2015, the injured worker complains of left shoulder and back pain rated 10/10. Physical examination showed no focal tenderness and positive guarding and self-limited movement. The treating physician is requesting postoperative sling for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op sling for the left 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, Shoulder chapter. 13th Edition (web) 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: This injured worker has chronic shoulder pain and at issue is a shoulder sling for the post-operative period. Prolonged use of a sling is only recommended for symptom control or for severe shoulder pain for 1-2 days, per the ACOEM. Planned length of therapy is not documented in the note. The rationale for the shoulder abduction sling is not substantiated in the records to document medical necessity. The request is not medically necessary.