

<b>Case Number:</b>	CM15-0138990		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female with an industrial injury dated 07-15-2013. Her diagnoses included torn rotator cuff, right shoulder, adhesive capsulitis, chronic right; lateral epicondylitis and status post right shoulder repair. Prior treatment included physical therapy and medications. She presents on 05-06-2015 with complaints of right shoulder issues. The right shoulder was very stiff and weak. She had problems moving the arm and pain at the elbow. Flexion and abduction was very restricted. Provocative testing was positive. Passive motion was painful. The treatment request is for durable medical equipment - ultra-sling purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Ultra-Sling purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Postoperative abduction pillow sling (2) Shoulder (Acute & Chronic), Immobilization.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for right shoulder pain and has a history of right shoulder surgery with an open repair of a full thickness rotator cuff tear in April 2014. When seen, there was decreased shoulder range of motion with positive impingement testing. Revision rotator cuff surgery was planned. Authorization was requested for a post-operative sling. Surgery was completed on 06/12/15. Manipulation under anesthesia and a subacromial debridement and decompression with an open rotator cuff repair of a partial tear was performed. A postoperative abduction pillow sling can be recommended as an option following open repair of large and massive rotator cuff tears. In this case, the claimant underwent revision surgery and did not have a large or massive rotator cuff tear. Immobilization is also a major risk factor for developing adhesive capsulitis. The requested shoulder Ultra-Sling was not medically necessary.