

Case Number:	CM15-0161449		
Date Assigned:	08/27/2015	Date of Injury:	01/28/2015
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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 a represented 54-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of January 28, 2015. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for right shoulder sling. The claims administrator referenced an RFA form received on July 9, 2015 in its determination, along with an associated progress note of June 30, 2015. On June 18, 2015, the applicant reported ongoing complaints of shoulder pain attributed to rotator cuff tear and impingement syndrome. A shoulder rotator cuff repair procedure was sought. The applicant was asked to employ a sling postoperatively. On August 1, 2015, it was stated that the applicant was approximately one month removed from earlier shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Table 2. Summary of Recommendations for Managing Shoulder Disorders (continued), Shoulder Disorders, pg. 11.

Decision rationale: Yes, the proposed right shoulder sling was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204, slings are recommended as an option to treat acute pain associated with rotator cuff tears. In a similar vein, the Third Edition ACOEM Guidelines Shoulder Disorders Chapter also notes that sling and shoulder supports are recommended for postoperative pain where the appliance is used to advance the applicant's activity level. Here, the request for framed as a request for postoperative usage of a shoulder sling following shoulder surgery performed in late June 2015. Provision of a sling for postoperative use purposes, thus, was indicated and was in-line both with the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 and with the Third Edition ACOEM Guidelines Shoulder Chapter. Therefore, the request was medically necessary.