

Case Number:	CM15-0167783		
Date Assigned:	09/08/2015	Date of Injury:	08/05/2003
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 female who presented with an industrial injury on August 5, 2003 resulting in right shoulder pain and limited range of motion. Diagnoses include recurrent right shoulder subacromial bursitis, impingement, glenoid labral sprain, acromioclavicular arthrosis, and biceps edema. Treatment included right shoulder arthroscopic rotator cuff repair and subacromial decompression performed on December 3, 2012, but the injured worker has continued to report pain and stiffness since the surgery. Other documented treatment includes at least three right shoulder steroid injections documented since 2013 with the most recent being April 20, 2015, and the physician reported that injections have been helpful; oral and topical pain medication providing temporary pain improvement; and, an unspecified number of physical therapy sessions. The injured worker continues to report right shoulder popping, clicking, pressure, and aching with repetitive movement, and when raising her arm overhead. She reports that this is continuous and she has been unable to perform her usual activities. The treating physician's plan of care includes a right shoulder subacromial decompression. The denied requests were for a Surgical Assistant and Ultra sling. April 7, 2015 physician report stated she is "not able to work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Surgical Assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Surgical Assistant.

Decision rationale: ODG guidelines indicate need for a surgical assistant in complex cases. Shoulder arthroscopy is not a complex surgical procedure. Most hospitals provide a surgical technician who is familiar with the procedure and capable of assisting the surgeon by holding the camera, positioning, and assisting with exposure. As such, the request for a surgical assistant is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Ultra sling: 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-online version, Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Postoperative abduction pillow sling.

Decision rationale: ODG guidelines recommend abduction pillow slings for open repairs of massive rotator cuff tears. It takes the tension off of the repair. Abduction pillow slings are not recommended for arthroscopic shoulder surgery. In this case, there is no massive rotator cuff tear identified. As such, the request for an UltraSling is not supported and the medical necessity of the request has not been substantiated.