

<b>Case Number:</b>	CM15-0183595		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 31-year-old female who sustained an industrial injury on 9/18/12. Injury was reported relative to overhead repetitive lifting and repetitive motions while working as a general merchandise clerk. Conservative treatment included physical therapy, activity modification, medications, and subacromial corticosteroid injections. The 7/1/15 left shoulder MRI impression documented moderate rotator cuff tendinosis, possible subdeltoid bursitis and scarring, and mild long biceps tendinosis. There was slight irregularity of the superior labrum. The 7/13/15 treating physician report documented imaging findings of both shoulders with very narrow subacromial space and bone spurs off the anterolateral acromions, contacting and abrading the underlying supraspinatus tendons. The 8/10/15 treating physician report cited continued bilateral shoulder pain with repetitive use of her arms for work at or above chest level. Physical exam documented pain over the subacromial space and acromioclavicular (AC) joints bilaterally. There was full range of motion with positive impingement signs, pain at end-range forward flexion and abduction, and weakness in internal and external rotation. There was AC joint pain with cross body abduction. The diagnosis was bilateral rotator cuff tendinitis. The injured worker had failed conservative treatment with no sustained benefit. Authorization was requested for right shoulder arthroscopy, acromioplasty and Mumford procedure with post-operative physical therapy 3x4 and durable medical equipment shoulder immobilizer and cold therapy unit for 7 days rental. The 8/24/15 utilization review certified the request for right shoulder arthroscopy, acromioplasty, and Mumford procedures, post-operative physical therapy 3x4, cold therapy unit rental for 7 days. The shoulder immobilizer was not non-certified as it was only necessary after rotator cuff repairs.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Shoulder immobilizer for 7 day rental:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) update 8/6/15- Immobilization.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, Activity Modification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Postoperative abduction pillow sling.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that a post-op sling is generally recommended for 2-4 weeks after any shoulder surgery. Guidelines generally recommend a post-operative sling for short term shoulder immobilization in the post-operative period. Therefore, this request is medically necessary.