

<b>Case Number:</b>	CM15-0189440		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California

Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial-work injury on 7-27-13. She reported initial complaints of left ankle, knee, and right shoulder pain. The injured worker was diagnosed as having chronic chondromalacia, synovitis, and instability of left ankle. Treatment to date has included medication, surgery (right shoulder arthroscopic rotator cuff repair and subacromial decompression on 10-7-14), physical therapy, bracing of left ankle, nerve block to knee, and home exercise program (HEP). MRI arthrogram results were reported on 6-14-15 of the shoulder that demonstrated evidence of rotator cuff repair without evidence of recurrent tear. Currently, the injured worker complains of exacerbation of symptoms to the surgical shoulder along with knee pain. The ankle is stable using the brace. Meds include Paxil and Prevacid. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes slight limp on the left side, swelling, restriction of motion in the left knee and tenderness to palpation. The ankle demonstrates a positive drawer test and tenderness over the anterolateral aspect of the ankle, pulses and sensation are intact. Contralateral right knee has a full range of motion. Right ankle has full range of motion with no swelling or tenderness and negative drawer test. The Request for Authorization requested service to include Right Shoulder Ultrasling. The Utilization Review on 8-25-15 denied the request for Right Shoulder Ultrasling, per CA MTUS (California Medical Treatment Utilization Schedule) 2009, Shoulder Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Ultrasling: 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) Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling.

**Decision rationale:** The requested right shoulder Ultrasling is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling, recommends no more than short-term immobilization of the shoulder joint and only recommends a postoperative abduction pillow sling "as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." The injured worker had surgery (right shoulder arthroscopic rotator cuff repair and subacromial decompression on 10-7-14), physical therapy, bracing of left ankle, nerve block to knee, and home exercise program (HEP). MRI arthrogram results were reported on 6-14-15 of the shoulder that demonstrated evidence of rotator cuff repair without evidence of recurrent tear. Currently, the injured worker complains of exacerbation of symptoms to the surgical shoulder along with knee pain. The treating physician has not documented the medical necessity for this sling a year after surgery. The criteria noted above not having been met, right shoulder Ultrasling is not medically necessary.