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| Case Number: | CM15-0189826 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 08/30/2012 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/26/2015 |

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: 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 67-year-old who has filed a claim for neck, shoulder, and knee pain reportedly associated with an industrial injury of August 30, 2012. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a shoulder sling with abduction pillow purchase. An August 10, 2015 office visit was sought. The claims administrator contended that the applicant was pending an arthroscopy and manipulation under anesthesia procedure. An RFA form dated September 10, 2015 and associated progress notes of August 10, 2015 and July 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 29, 2015, authorization for a left shoulder surgery in the form of a manipulation under anesthesia and arthroscopic lysis of adhesions was sought. The applicant was asked to obtain an abduction pillow shoulder sling and continuous passive motion device for postoperative use purposes. The applicant had retired, it was acknowledged. Norco was endorsed for postoperative pain control purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder sling with abduction pillow post-operative for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: No, the request for a shoulder sling with abduction pillow for postoperative use for the left shoulder was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic acknowledges that abduction pillow slings are recommended following large or massive rotator cuff repair procedures, ODG qualifies its position by noting that such devices are generally not needed following more minor arthroscopic procedures, as was seemingly pending here. The attending provider reported on July 29, 2015 that the applicant was pending a left shoulder arthroscopic manipulation under anesthesia and lysis of adhesions procedure, i.e., a procedure for which postoperative abduction pillow slings are not recommended, per ODG. Therefore, the request was not medically necessary.