

Case Number:	CM15-0197582		
Date Assigned:	10/13/2015	Date of Injury:	08/04/2014
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 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 62-year-old male who sustained an industrial injury on 8-4-2014. Diagnosis is right shoulder rotator cuff tear. An MRI 3-24-2015 showed rotator cuff tendinitis and tearing of the right shoulder, and biceps tendinitis of the right shoulder. Documented treatment includes physical therapy, chiropractic treatment, right shoulder injection, and medication, but the injured worker continued to present with constant right shoulder pain, rated as much as 9 out of 10 on the VAS pain scale, positive impingement signs, and pain with movement of the shoulder. The treating physician's plan of care includes right shoulder arthroscopic with acromioplasty and debridement, with related services, which was approved. A request was also submitted for purchase of a post-operative pillow abduction sling on 9-18-2015 but this was denied on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pillow Abduction sling, 9/18/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) shoulder / Postoperative abduction pillow sling.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of shoulder slings. The ODG, shoulder section, recommends a sling as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. 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. As the requested procedure is for an arthroscopic rotator cuff repair the determination is for non-certification. Therefore, the requested treatment is not medically necessary.