

<b>Case Number:</b>	CM15-0022549		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 46-year-old female sustained an industrial injury on 8/21/14, due to repetitive activities. The 10/7/14 left shoulder MRI impression documented moderate supraspinatus and infraspinatus tendinosis, mild subacromial subdeltoid bursitis, and mild acromioclavicular joint degenerative changes. The 12/16/14 treating physician report cited severe left shoulder pain with swelling, stiffness and tenderness. Left shoulder exam documented anterior tenderness with positive impingement, supraspinatus, and acromioclavicular joint compression tests. Left shoulder range of motion was 80 degrees flexion and 50 degrees abduction. The treatment plan requested right shoulder arthroscopy with acromioplasty, Mumford procedure, extensive debridement and manipulation. On 12/31/14, utilization review certified a request for left shoulder arthroscopy with Mumford procedure, extensive debridement, and manipulation, along with a shoulder sling. The request for a shoulder immobilizer was non-certified was based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder immobilizer, QTY: 1: 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Shoulder: Immobilization; 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 indicate that immobilization is not recommended as a primary treatment, and is a major risk factor for developing adhesive capsulitis. Guidelines support the use of a post-operative abduction pillow following open repair of large or massive rotator cuff tear. Guideline criteria have not been met. Use of a post-operative brace is not supported as there was no evidence of a large rotator cuff tear requiring open repair. Given the pre-operative findings of adhesive capsulitis, the use of such a post-operative immobilizer is not fully supported. There is no compelling reason to support the medical necessity of a shoulder immobilizer in addition to the standard shoulder sling that was approved at the time of surgery. Therefore, this request is not medically necessary.