

Case Number:	CM15-0023294		
Date Assigned:	02/12/2015	Date of Injury:	03/07/2012
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 03/07/2012 due to an unspecified mechanism of injury. On 02/17/2015, he presented for a followup evaluation regarding his work related injury. He reported continued pain in the right shoulder. A physical examination showed no change for the right shoulder, and he continued to have limited forward flexion, even with active assist. He also had a positive Neer's test and supraspinatus weakness. He was diagnosed with cervical/thoracic strain/arthrosis; right shoulder impingement syndrome with acromioclavicular joint arthrosis; a partial thickness rotator cuff tear; possible adhesive capsulitis with possible intra-articular injury; right long trigger finger; right medial lateral epicondylitis of the elbow; status post left CMC joint arthroplasty right thumb CMC joint arthrosis; right cubital tunnel syndrome; lumbar strain/arthrosis with possible stenosis; and psychiatric complaints and sleep disturbances. The treatment plan was for an abduction pillow purchase and SmartSling purchase for the right shoulder. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction Pillow for Purchase Right 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, Abduction Pillow Sling.

Decision rationale: The Official Disability Guidelines indicate that postoperative abduction pillow slings are only recommended postoperatively following repairs of large and massive rotator cuff tears. The documentation provided does not indicate that the injured worker has undergone surgery or that he is planning to undergo surgery to support the request. There was also a lack of documentation showing that he is undergoing repair of a large and massive rotator cuff tear, and a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Smart Sling For Purchase Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The Official Disability Guidelines state that immobilization is not recommended as a primary treatment modality and that early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and greater preserved range of motion. The documentation provided does not state a clear rationale for the medical necessity of a SmartSling purchase for the right shoulder. There is a lack of evidence showing that he has a clearly unstable joint or that he is in need of a sling for the right shoulder. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.