

Case Number:	CM15-0025669		
Date Assigned:	02/18/2015	Date of Injury:	09/17/2013
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 9/17/13, due to cumulative trauma. Conservative treatment included physical therapy, medications, activity modification, and corticosteroid injections. The 9/15/14 left shoulder MRI demonstrated a high-grade tear of the supraspinatus tendon near the footprint, with some intact bursal sided fibers, on a background of severe tendinosis. There was moderate infraspinatus tendinosis and mild subscapularis and biceps tendinosis. The 1/23/14 left shoulder x-rays documented a type II acromion and severe acromioclavicular joint arthropathy. The 1/23/15 treating physician report indicated the patient had constant left shoulder pain with cracking and popping. Physical exam documented range of motion limited to flexion 130, external rotation 40, internal rotation 70, and adduction 5 degrees with crepitus. Crossover, Hawkin's, and O'Brien's tests were positive. The treatment plan requested authorization for left shoulder arthroscopy with subacromial decompression and Mumford procedure, post-op physical therapy 3x4, cold therapy unit for 7 days, and abduction pillow. On 2/3/15, utilization review certified a request for left shoulder arthroscopy with subacromial decompression and Mumford procedure, post-op physical therapy x 12 visits, and cold therapy unit for 7 days. The request for an abduction pillow was non-certified. The MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of the requested abduction pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction pillow: 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 Shoulder, Postoperative abduction pillow sling

Decision rationale: The California MTUS is silent regarding post-op abduction pillow slings. The Official Disability Guidelines state that abduction pillows are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The patient has been certified for an arthroscopic subacromial decompression and Mumford procedure with no imaging evidence of a large or massive rotator cuff tear requiring open repair. There is no compelling rationale presented to support the medical necessity of an abduction pillow in the absence of guideline support. Therefore, this request is not medically necessary.