

Case Number:	CM15-0219219		
Date Assigned:	11/12/2015	Date of Injury:	07/05/2011
Decision Date:	12/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial-work injury on 7-5-11. The injured worker was diagnosed as having shoulder pain and SLAP (superior labrum anterior-posterior) tear. Treatment to date has included medication, surgery (posterior labral tear in 9-19-11, type 2 superior labral anterior posterior SLAP (superior labrum anterior-posterior) tear procedure), and exercises. MRI results were reported on 3-6-15 of the right shoulder that revealed mild tendinitis, post-surgical changes of acromioplasty and subacromial decompression. Currently, the injured worker complains of continued pain and discomfort in the shoulder with no improvement with stretching exercises. Per the primary physician's progress report (PR-2) on 9-1-15, exam noted hypertension (122 over 91), positive O'Brien's test, negative supraspinatus and infraspinatus tests, negative subscapularis test, and no evidence of instability. Current plan of care includes surgery and associated equipment. The Request for Authorization requested service to include Purchase of a right shoulder immobilizer with abduction pillow. The Utilization Review on 10-6-15 modified-denied the request for Purchase of a right shoulder immobilizer without the abduction pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a right shoulder immobilizer with abduction pillow: 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) Treatment Index 13th Edition (web) 2015 Shoulder-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 section, Immobilization and Postoperative abduction pillow sling.

Decision rationale: The MTUS does not sufficiently discuss shoulder immobilization. The ODG, however, states that shoulder immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Also, with the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, shoulder slings may be recommended as an option following open repair of large and massive rotator cuff tears. 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. In the case of this worker, at the time of this request, there was a SLAP debridement and biceps tenodesis procedure planned and a shoulder sling with abduction pillow was requested to be used following this procedure. Considering this planned procedure not being an open procedure and the diagnosis not being a large tear, the sling and pillow would not be warranted. Therefore the request is not medically necessary.