MAXIMUS Federal Services

Case Number:	CM15-0030202		
Date Assigned:	02/23/2015	Date of Injury:	02/22/2014
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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
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 27-year-old male, who sustained an industrial injury on 02/22/2014. The diagnoses have included superior glenoid labrum lesion and shoulder pain. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included left upper extremity sonogram of the shoulder on 12/19/2014 showed evidence of moderate to severe supraspinatus tendinosis and insertional tear. In a progress note dated 01/09/20145, the injured worker presented with complaints of left shoulder pain. The treating physician reported the injured worker has signs and symptoms consistent with left shoulder injury and will need surgery. Utilization Review determination on 02/11/2015 non-certified the request for Postoperative Arm Sling citing Official Disability Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Arm Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (19th Edition 2014 update); Shoulder Chapter: Post-operative Abduction Pillow Sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: This patient presents with left shoulder pain and is s/p left shoulder AC reconstruction from 2013. The treater has asked for 1 post-operative arm sling but the requesting progress report is not included in the provided documentation. The patient has a "possible slap tear with rotator cuff syndrome" due to a new injury in February 2014 per 1/9/15 report. The patient is to undergo an arthroscopy to evaluate his left shoulder joint per 1/9/15 report. For Shoulder Slings, ACOEM recommends as an option for Rotator Cuff tear: "Sling for acute pain" or for AC joint strain "Sling for comfort." In this case, the patient has persistent left shoulder pain and is being scheduled for an arthroscopic surgery after a re-injury. The patient had a sonogram that showed severe supraspinatus tendinosis with insertional tear for which a surgery is being planned. The request appears to be for post-operative use which is reasonable. The request is medically necessary.