

Case Number:	CM15-0032848		
Date Assigned:	03/30/2015	Date of Injury:	01/28/2013
Decision Date:	05/05/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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, Pain Management

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 37-year-old female, who sustained an industrial injury on January 28, 2013. The injured worker had reported right shoulder pain. The diagnoses have included pain in shoulder and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, cortisone injections and right hand surgery. Current documentation dated December 2, 2014 notes that the injured worker reported right shoulder and bilateral upper extremity pain. Physical examination of the shoulder revealed tenderness, limited range of motion and a positive Hawkins's and Neer's test. Bilateral upper extremities examination revealed normal muscle tone. The treating physician's plan of care included a request for a post-operative shoulder sling. A progress report dated September 22, 2014 recommends diagnostic arthroscopy with possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op shoulder sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling.

Decision rationale: Regarding the request for Post op shoulder sling, CA MTUS does not address the issue specifically. ODG states that postoperative abduction pillow slings are 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. Within the documentation available for review, there is no indication that the patient has been authorized to undergo open surgical repair of the shoulder. As such, the currently requested post-op shoulder sling is not medically necessary.