

<b>Case Number:</b>	CM15-0038657		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Minnesota, Florida  
 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 45-year-old male who sustained an industrial slip and fall injury to his shoulder on January 24, 2013. The injured worker was diagnosed with left shoulder rotator cuff tear and impingement. The requested surgery for repair was deemed medically necessary by the Utilization Review however no perspective date was documented. According to the primary treating physician's progress report on January 8, 2015 the injured worker continues to experience sharp pain, stiffness and weakness radiating to the left arm with reported popping, grinding, clicking, numbness and tingling. Crepitation was noted. A magnetic resonance imaging (MRI) of the left shoulder demonstrated tendinosis and partial thickness undersurface insertional tearing of the supraspinatus tendon at the greater tuberosity insertion site, a small labral tear and degenerative changes at the acromioclavicular joint with bony remodeling of the distal acromion. Current medications consist of Naprosyn, Norco and Flexeril. Prior treatment modalities consisted of physical therapy, medications and injections to the left shoulder and thumb. The noncertified request is for a post-operative ultrasling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ultrasling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder. Topic: Post-operative Abduction Pillow Sling.

**Decision rationale:** The UltraSling is an abduction pillow sling with rotation control. ODG guidelines recommend abduction pillow slings 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 are not used for arthroscopic repairs. The injured worker does not have a large rotator cuff tear. As such, the UltraSling is not supported by guidelines and the medical necessity of the UltraSling is not substantiated.