

Case Number:	CM15-0039434		
Date Assigned:	03/09/2015	Date of Injury:	04/19/2009
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 61-year-old male who sustained an industrial injury on 04/19/2009. According to the Agreed Medical Examination dated 10/7/14, the IW reported intermittent discomfort in the right shoulder, rated 6-7/10. He cannot fully extend the arm or lift it over his head. The IW was diagnosed with osteoarthritis, localized, primary, shoulder region. Treatment to date has included medications, shoulder joint injections including steroids, Synvisc and Orthovisc, physical therapy and surgery. Diagnostic testing included x-rays, ultrasound and MRI. The Utilization Review (UR) on 02/04/2015 non-certified the requested service/treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bledsoe Arc 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 (ODG), shoulder (acute & chronic) procedure summary, Postoperative Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Immobilization.

Decision rationale: The MTUS is silent on the use of shoulder slings. Per the ODG guidelines with regard to immobilization: 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. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". Per the ODG guidelines: abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. Slings were also cited in the use of scapula and clavicle fractures. The documentation submitted for review does not indicate that the injured worker meets any of these conditions. He was status post right shoulder surgery 7/2014 and has been off work since 9/2012. The request is not medically necessary.