

Case Number:	CM15-0042850		
Date Assigned:	03/13/2015	Date of Injury:	04/20/2013
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 year old female who sustained a work related injury on April 20, 2013, incurring injuries to her right shoulder and arm, neck and back. She complained of pain and limited movement on the right upper extremity. She was diagnosed with cervical disc syndrome, right shoulder rotator cuff syndrome, lumbar facet syndrome, right shoulder impingement, right epicondylitis and right carpal tunnel syndrome. Treatment included medications, anti-inflammatory drugs, rest, and physiotherapy of the right shoulder and cervical spine. Currently the injured worker complained of right shoulder, right arm, right elbow, forearm, and wrist and hand pain. Authorization was requested for durable medical equipment (DME) purchase of a sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of a 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) 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 (Acute & Chronic), Immobilization, Postoperative abduction pillow sling.

Decision rationale: The requested DME purchase of a sling, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization, Postoperative abduction pillow sling, recommends no more than short-term immobilization of the shoulder joint and only recommends a postoperative abduction pillow sling "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." The injured worker has right shoulder, right arm, right elbow, forearm, and wrist and hand pain. The treating physician has documented right shoulder surgery January 2015. Postoperative abduction pillow slings are not guideline supported for arthroscopic repairs and the treating physician has not documented the medical necessity for this DME as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, DME purchase of a sling is not medically necessary.