

<b>Case Number:</b>	CM15-0045053		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 45 year old male, who sustained an industrial injury on 10/9/12. The PR2 dated 1/15/15 noted that the injured worker has complaints of discomfort with pain and that range of motion has not increased and right shoulder has increased stiffness and increased pain in right scapula and upper back. Magnetic Resonance Imaging (MRI) of the thoracic spine was done 12/22/14 was normal. Magnetic Resonance Imaging (MRI) of the right shoulder showed very small partial tear and range of motion was very limited and painful range of motion. The diagnoses have included right rotator cuff tear and frozen shoulder. The request was for surgical intervention as well as a sling for postoperative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultra 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.

**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 Ultra 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 for an open shoulder surgical procedure. In the absence of such documentation, the currently requested Ultra Sling is not medically necessary.