

Case Number:	CM15-0049404		
Date Assigned:	03/23/2015	Date of Injury:	07/10/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 07/10/2014. Initial complaints reported included pain to the right shoulder while pulling on a hose. The injured worker was diagnosed as having arthritis in the acromioclavicular (AC) joint, partial thickness tear of the rotator cuff, tear of the glenoid labrum, and calcific tendinitis. Treatment to date has included conservative care, medications, right shoulder surgery (01/08/2015), physical therapy, MRI of the right shoulder, x-rays of the right shoulder, and cortisone injection to the right shoulder. Currently, the injured worker complains of right shoulder pain. Current diagnoses include right shoulder impingement with rotator cuff or labral tears and adhesive capsulitis. The treatment plan consisted of right shoulder subacromial decompression and debridement with repair of rotator cuff tear or labral tear, post-operative physical therapy, and post-operative medications. There was no mention of a right shoulder slingshot II shoulder immobilizer being requested. This is a retrospective request for purchase of right shoulder slingshot II shoulder immobilizer with a surgery date of 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Purchase Right Shoulder Slingshot II Shoulder Immobilizer Medium (DOS: 01/08/2015): 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), Treatment Index, 13th Edition (web), 2015, Shoulder, Postoperative abduction pillow sling.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official disability guidelines, the requested immobilization device is recommended as an option following open repair of a large and massive rotator cuff repair. The patient did undergo shoulder surgery, but did not have repair of a large rotator cuff tear. Therefore the request is not certified.