

<b>Case Number:</b>	CM15-0054213		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

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 56 year old male, who sustained an industrial injury on 08/25/2011. He reported left shoulder, left upper back, and bilateral low back pain. The injured worker is currently diagnosed as having failed surgery of the left shoulder, cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, partial tear of the rotator cuff tendon on the left shoulder, rotator cuff syndrome left shoulder, thoracic spondylosis without myelopathy, and chondromalacia patella of the right knee. Treatment to date has included lumbar MRI, upper extremity joint MRI, electromyography/nerve conduction studies, left shoulder surgery, physical therapy, home exercise program, acupuncture, left shoulder injection, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of constant, sharp, pulsating pain in the left shoulder that radiates to the neck and down the elbow. The treating physician reported requesting authorization for an Ultrasling following left shoulder rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Sling for the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Shoulder-Surgery for Rotator Cuff repair, Continuous -Flow cryotherapyy, Continuous passive motion (CPM).

**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.

**Decision rationale:** The claimant sustained a work-related injury in August 2011 and continues to be treated for left shoulder pain. Revision rotator cuff repair surgery is being planned. Immobilization is not recommended as a primary treatment for the shoulder. Benefits of mobilization include earlier return to work, decreased pain, swelling, and stiffness, and a greater preserved range of joint motion, with no increased complications. Immobilization is also a major risk factor for developing adhesive capsulitis. Therefore the requested shoulder sling was not medically necessary.