

<b>Case Number:</b>	CM15-0054740		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/11/2015
<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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male, who sustained an industrial injury on 6/18/2012. Diagnoses have included cervical spine sprain and strain, status post left shoulder surgery times two with residual symptoms, tendinitis/impingement syndrome right shoulder with possible rotator cuff tear and bilateral carpal tunnel syndrome. Treatment to date has included nerve conduction velocity (NCV)/electromyography (EMG) and medication. According to the orthopedic evaluation dated 12/8/2014, the injured worker complained of neck pain radiating into the bilateral upper extremities. He complained of bilateral shoulder pain and weakness, worse on the right and also bilateral wrist and hand pain with associated numbness and tingling. Exam of the cervical spine revealed tenderness to palpation with spasms; range of motion was limited. Exam of the left and right shoulder revealed tenderness to palpation with limited range of motion. Exam of the left and right wrist/hand revealed tenderness to palpation and limited range of motion. Tinel's and Phalen's testing was positive. The treatment plan was for right shoulder arthroscopy and bilateral carpal tunnel release. Authorization was requested for postoperative purchase of ARC shoulder sling for right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative purchase of ARC shoulder sling for the right shoulder:** 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, postoperative abduction pillow sling.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Post-operative abduction pillow sling.

**Decision rationale:** The ARC sling is an abductor pillow sling with adjustable rotation as well as abduction of the arm. ODG guidelines do not recommend abductor pillow slings except as an option following open repair of large and massive rotator cuff tears. The documentation does not indicate a large or massive rotator cuff tear. As such, the request for an ARC sling is not supported and is not medically necessary.