

<b>Case Number:</b>	CM15-0057564		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, California

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:

This 64-year-old female sustained an industrial injury to bilateral knees, back and right upper extremity on 12/11/09. Previous treatment included magnetic resonance imaging, left total knee replacement on 11/7/12, right carpal tunnel release, right Guyon's canal release, left cubital tunnel release, and medications. In a PR-2 dated 2/3/15, complained of ongoing right shoulder, back and left knee pain. Physical exam was remarkable for right shoulder with restricted range of motion and intact neurovascular status. Current diagnoses included rotator cuff tear, right shoulder, and lumbar spine radiculopathy and loosening of patellar, prosthesis left knee. The treatment plan included right shoulder arthroscopy with rotator cuff repair and decompression with associated surgical services. Whether patient was certified for right shoulder arthroscopy with rotator cuff repair and decompression with associated surgical services or not was not specified in the records provided. Any operative note of right shoulder arthroscopy with rotator cuff repair and decompression with associated surgical services was not specified in the records provided. The patient sustained the injury due to trip and fall incident. The patient had received lumbar ESI for this injury. The medication list includes Trazodone, Endocet, Prilosec, Clonazepam, Lexapro and Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative shoulder immobilizer:** 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 Chapter, 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 (updated 04/03/15) Postoperative abduction pillow sling.

**Decision rationale:** ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore, ODG was used. As per cited guideline, "Postoperative abduction pillow sling: 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." (Ticker, 2008) Any surgery or procedures related to this injury were not specified in the records provided. Whether patient was certified for right shoulder arthroscopy with rotator cuff repair and decompression with associated surgical services or not was not specified in the records provided any operative note of right shoulder arthroscopy with rotator cuff repair and decompression with associated surgical services was not specified in the records provided. In addition as per cited guideline, the immobilization devices decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The medical necessity of the request for Post-operative shoulder immobilizer is not fully established for this patient.