

Case Number:	CM15-0058851		
Date Assigned:	04/03/2015	Date of Injury:	08/10/2012
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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 47 year old female, who sustained an industrial injury on 8/10/2012. She reported a twisting injury of the left shoulder. Diagnoses include partial thickness left rotator cuff tear SLAP lesion, joint arthritis, complex regional pain syndrome, left arm, cervicobrachial syndrome, reactive depression and anxiety. Treatments to date include anti-inflammatory medications, cortisone injections, and physical therapy. Currently, she complained of severe left shoulder pain associated with weakness and numbness in hands. On 2/24/15, the physical examination documented guarded range of motion and limited ability for examination secondary to pain. The plan of care included arthroscopic decompression rotator cuff repair and associated services. The disputed request is for a deluxe arm sling that was non-certified as there is no full thickness rotator cuff tear. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of deluxe arm sling: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a deluxe arm sling was noncertified using ODG guidelines pertaining to an abduction pillow sling. Although the UltraSling is an abduction pillow sling, the deluxe arm sling is not. ODG guidelines recommend postoperative abduction pillow sling 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. In this case the documentation does not support the presence of a full thickness rotator cuff tear. The request as stated is for a deluxe arm sling and not an abduction pillow sling. As such, the request is supported and the medical necessity of the request has been established.