

<b>Case Number:</b>	CM15-0060791		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 a work related injury on 8/24/13. The diagnoses have included traumatic left shoulder dislocation and status post left shoulder surgery. Treatments have included x-rays, an MRI of left shoulder, left shoulder surgery, modified work duties, physical therapy, acupuncture, chiropractic treatments, left shoulder injections and medications. In the PR-2 dated 1/21/15, the injured worker complains of left shoulder pain with intermittent numbness in her left hand. She is limited in trying to lift left arm. She complains of right shoulder pain. She has limited range of motion in the right shoulder. The requested treatment of an Ultrasling is not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Postoperative abduction pillow sling.

**Decision rationale:** Ultrasling is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that a postoperative abduction pillow sling is 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. The documentation submitted only has one clinical progress report dated 1/21/15. There is no discussion regarding a sling. There is no discussion that a shoulder surgery will occur. Without a clear rationale or documentation of an open repair of a large rotator cuff tear the request for an ultrasling has not been met and is not medically necessary.