

Case Number:	CM15-0085902		
Date Assigned:	05/08/2015	Date of Injury:	12/26/2013
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, New York
 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:

The injured worker is a 52 year old male who sustained an industrial injury to his left shoulder on 12/26/2013. The injured worker was diagnosed with left rotator cuff impingement, tendinosis, and Type II acromion and acromioclavicular arthrosis. Treatment to date includes diagnostic testing with left shoulder magnetic resonance imaging (MRI) dated January 22, 2014, subacromial injections times two, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience left shoulder pain located in the lateral deltoid area. Examination demonstrated no atrophy, decreased range of motion, tenderness at the acromioclavicular joint and positive impingement signs. There was no pain or weakness noted with rotator cuff strength testing. O'Brien's test was negative and motor and sensory were intact. The injured worker is ready to proceed with surgical intervention. Current medications are listed as Ibuprofen and Relafen. Treatment plan consists of authorized surgery and the current request for left shoulder immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Shoulder Immobilizer for Left 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).

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

Decision rationale: The request is considered not medically necessary. According to ODG guidelines, this is only recommended for after the repair of a large rotator cuff tear which the patient has not been officially been diagnosed with and is not undergoing a repair. Therefore, this type of sling is not medically necessary.