

Case Number:	CM15-0086834		
Date Assigned:	05/11/2015	Date of Injury:	08/28/2013
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 (IW) is a 43 year old male who sustained an industrial injury on 08/28/2013. He reported pain in his right shoulder. The injured worker was diagnosed as having right shoulder internal derangement. Treatment to date has included right shoulder arthroscopic subacromial decompression and repair of labral tear. The IW had ongoing pain in the right shoulder and was diagnosed with recalcitrant right shoulder tendinosis status post arthroscopic surgery. A second arthroscopic surgery for revision right shoulder arthroscopy of arthroscopic subacromial decompression and scar excision is planned. An Ultra Sling purchase for the right shoulder is requested as part of the durable medical equipment post-operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sling for right shoulder: Upheld

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 Official Disability Guidelines (ODG) Shoulder.

Decision rationale: The MTUS is silent regarding the use of a shoulder sling. According to the ODG, 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. In this case, the documentation doesn't support that the patient is having surgical repair of a large and massive rotator cuff tear. According to the documentation, the patient is planned for arthroscopic surgery. Therefore, the requested sling is not medically necessary.