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| Case Number: | CM14-0142020 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 02/18/2011 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 18, 2011. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a postoperative sling with abduction pillow following planned shoulder surgery. The claims administrator posited that the applicant did not have evidence of a large or full-thickness rotator cuff tear which would warrant provision of the postoperative sling at issue. The applicant's attorney subsequently appealed. In an orthopedic consultation dated April 24, 2014, the applicant reported persistent complaints of shoulder pain. The attending provider alluded to a right shoulder MRI of March 7, 2011 which was notable for degenerative changes about the supraspinatus tendon and acromioclavicular joint without evidence of a full-thickness rotator cuff tear. On July 17, 2014, the applicant was given prescriptions for Relafen and Norco. 20-pound lifting limitation was endorsed. It was stated that the applicant was pending arthroscopic shoulder surgery for tendonitis with possible labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE SLING WITH ABDUCTION PILLOW: 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 ODG Shoulder Chapter, Postoperative Abduction Pillow Sling topic.

Decision rationale: The MTUS does not address the topic. As noted in the ODG's Shoulder Chapter Postoperative Abduction Pillow Sling topic, postoperative abduction pillow slings are recommended as an option following open repair of large and/or massive rotator cuff repairs but are generally not used for arthroscopic repairs, ODG notes. In this case, the applicant is apparently planning to undergo an arthroscopic rotator cuff repair surgery for a degenerated labrum. There is, thus, no evidence of a large rotator cuff repair which would warrant the postoperative abduction pillow sling at issue. Therefore, the request is not medically necessary.