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| <b>Case Number:</b>   | CM14-0148985 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 04/06/2011 |
| <b>Decision Date:</b> | 11/10/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 43-year-old male who reported an injury on 04/06/2011. The injury was reported when the injured worker was shutting a door. The diagnoses included shoulder impingement syndrome, osteoarthritis, chronic cervical sprain/strain. Previous treatments included medication, surgery, and an MRI. Within the clinical note dated 07/31/2014, it was reported the injured worker complained of bilateral shoulder pain. He rated his pain 7/10 in severity. He reported his right shoulder pain was constant. Upon the physical examination, the provider noted the injured worker had mild tenderness in the scapular region. The injured worker had a negative impingement sign. The provider indicated the injured worker had tenderness on the rotator cuff insertion area, worsened when arm was lifted above the shoulder. The request submitted is for an arm sling of the right shoulder. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arm Sling for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Shoulder, Postoperative abduction pillow sling

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 212-214.

**Decision rationale:** The California MTUS/ACOM Guidelines note the brief use of a sling for severe shoulder pain for 1 to 2 days, with pendulum exercise to prevent stiffness in cases of rotator cuff conditions is necessary. Three weeks use of a sling after initial shoulder dislocation and reduction is also necessary. The guidelines also note prolonged use of a sling only for symptom control is not medically necessary. The clinical documentation submitted indicated the injured worker to have pain with lifting of the arm. However, the request submitted failed to provide the duration of time the injured worker is to utilize the sling. The guidelines do not recommend prolonged use of an arm sling for symptom control. Therefore, the request is not medically necessary.