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| <b>Case Number:</b>   | CM14-0161560 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 03/06/2014 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 41 year old female who was injured at work on 03/06/2014. She is reported to be complaining of right shoulder pain. The pain is dull, aching, constant, worsens with overhead and repetitive activities. The pain is associated with abnormal sensations in the right hand. The physical examination revealed limited range of motion of the right shoulder; palpable tenderness of the right shoulder; positive impingement sign, and slight weakness of the muscles of the right shoulder. The injured worker has been diagnosed of right shoulder pain, impingement syndrome and arthritis of the acromioclavicular joint. The MRI of the right shoulder dated 06/16/14 revealed Type 1 Acromion with lateral sloping, subacromial enthesophyte which correlated with extrinsic impingement; Mild tendinosis of the infraspinatus muscle; Mild osteoarthritis of the acromioclavicular joint. The treatments included chiropractic care, physical therapy, Mobic, Ibuprofen, Vicodin 5/500mg. The injured worker has been approved for right shoulder arthroscopy with debridement, subacromial decompression, and acromioclavicular joint excision. At dispute is the request for Slings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Slings:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 213.

**Decision rationale:** The injured worker sustained a work related injury on 03/06/2014. The medical records provided indicate the diagnosis right shoulder pain, impingement syndrome and arthritis of the acromioclavicular joint. Treatments included chiropractic care, physical therapy, Mobic, Ibuprofen, and Vicodin 5/500mg. The medical records provided for review indicate a medical necessity for Slings. The MTUS recommends brief use of a sling for severe shoulder pain (1 to 2 days), with control pendulum exercises to prevent stiffness in cases of rotator cuff conditions. The injured worker is expected to experience severe pain after the arthroscopic right shoulder surgery involving the rotator cuff, therefore it is medically necessary the injured worker be allowed the use of sling for 1-2 days with pendulum exercises.