MAXIMUS Federal Services

Case Number:	CM14-0166731		
Date Assigned:	10/13/2014	Date of Injury:	05/30/2010
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery 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:

This 47-year-old male press crew leader sustained an industrial injury on 5/7/11 due to cumulative trauma. The 9/2/14 treating physician report cited continued constant moderate to severe left shoulder pain and tightness. Pain was increased with pulling, lifting, reaching, and gripping. Subjective complaints also included constant moderate to severe low back and right leg pain and bilateral arm and hand pain. EMG/NCV findings were reported positive for bilateral carpal tunnel syndrome. MRI of the left shoulder showed fluid in the biceps tendon sheath, impingement, tendinosis, and SLAP deformity. MRI of the lumbar spine showed L5/S1 disc extrusion. Shoulder exam documented painful loss of range of motion, tenderness to palpation, and positive impingement signs. Left shoulder surgery was reported as pending. The patient underwent left shoulder diagnostic arthroscopy with partial synovectomy, chondroplasty of the glenoid, and subacromial decompression with resection of the Coracoacromial ligament on 9/12/14. The operative report documented the finding of a partial thickness rotator cuff tear that was debrided. The 10/3/14 utilization review denied the retrospective request for a Pro-Sling with abduction pillow as there was no documentation of the specific shoulder procedure planned to warrant this type of sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 9/12/2014Pro-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, Chapter: Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The patient did not undergo an open massive rotator cuff repair. Guidelines generally support a standard sling for post-operative use. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.