

<b>Case Number:</b>	CM14-0170679		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with an injury date of 05/12/09. Based on the 08/29/14 progress report provided by [REDACTED] the patient presents with rotator cuff, as well as distally migrated biceps rupture. Patient has done anti-inflammatories, therapy, and cortisone injection, which did help, but pain came back. Per 09/05/14 progress report by [REDACTED] the patient will undergo surgery for left shoulder rotator cuff repair and biceps retraction. His pain is rated 5-6/10 with and 7-8/10 without medications. Physical examination to the left shoulder revealed tenderness to palpation along the left biceps and left deltoid. Range of motion was decreased, especially on extension 10 degrees. MRI Left Shoulder Impression, 05/14/14: status post-surgical excision of the AC joint, subacromial decompression, acromioplasty and rotator cuff repair; recurrent mild so thickness tear of distal anterior supraspinatus tendon; stable tendinopathy and diffuse thinning of subscapularis tendon; chronic complete tear and distal retraction of the long head of biceps tendon. Diagnosis 09/05/14: pain in joint involving shoulder region; adhesive capsulitis of shoulder; rotator cuff (capsule) sprain; sprain of unspecified site of shoulder and arm. [REDACTED] is requesting Shoulder sling. The utilization review determination being challenged is dated 09/15/14. The rationale is "ODG states that abduction pillows for large and massive tears may decrease tendon contact... but are not used for arthroscopic repairs." [REDACTED] is the requesting provider and he provided treatment reports from 03/17/14 - 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder sling:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure, Postoperative abduction pillow sling

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** The patient presents with return rotator cuff, as well as distally migrated biceps rupture. The request is for a shoulder sling. His diagnosis dated 09/05/14 includes pain in joint involving shoulder region, adhesive capsulitis of shoulder, rotator cuff (capsule) sprain, and sprain of unspecified site of shoulder and arm. ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for "Sling for acute pain," under rotator cuff tear and as a "sling for comfort," for AC joint strain or separation. Per 09/05/14 progress report by [REDACTED] the patient will undergo surgery for left shoulder rotator cuff repair and biceps retraction. The request appears reasonable for return rotator cuff and in line with guidelines. Recommendation is that the request is medically necessary.