

Case Number:	CM14-0161144		
Date Assigned:	10/06/2014	Date of Injury:	05/20/2010
Decision Date:	05/01/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 70-year-old male, who sustained an industrial injury on May 20, 2010. He reported that while pulling a 53 foot curtain closed in a truck, the curtain stopped which pulled on his arm. The injured worker was diagnosed as having right shoulder rotator cuff tear with impingement syndrome and frozen right shoulder with severe pain. Treatment to date has included physical therapy, right shoulder MRI, and medication. Currently, the injured worker complains of pain and stiffness of the right shoulder. The Primary Treating Physician's report dated August 27, 2014, noted inspection of the right shoulder revealed significant pain with motion, with point tenderness upon palpation about the acromioclavicular joint, and positive Neer Sign, Hawkin's test, and Apley scratch test. A right shoulder MRI was noted to show partial thickness tear of the supraspinatus tendon, about 60%-70%, with moderate osteoarthritic change to the glenohumeral joint and moderate osteoarthritic changes to the acromioclavicular joint. The treatment plan included a request for authorization for a right shoulder subacromial decompression with rotator cuff tear, with a CPM device, Knapp-Sak sling, cold unit, and physical therapy, all for post-operative care. The medication list includes ultram, protonix and Voltaren. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Knapp-Sak Sling postoperatively for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/03/15) Postoperative abduction pillow sling.

Decision rationale: ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore, ODG was used. As per cited guideline, "Postoperative abduction pillow sling: Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008)." Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Any evidence that the patient was certified for a right shoulder subacromial decompression with rotator cuff tear surgery was not specified in the records provided. In addition as per cited guideline, the immobilization devices decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The medical necessity of the request for Purchase of a Knapp-Sak Sling postoperatively for the right shoulder is not fully established for this patient; the request is not medically necessary.