

Case Number:	CM15-0125428		
Date Assigned:	07/10/2015	Date of Injury:	03/18/2015
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 sustained an industrial injury on 03/18/15. Initial complaints include right shoulder pain. Initial diagnoses include right shoulder contusion. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include right shoulder pain. Current diagnoses include right shoulder contusion. In a progress note dated 05/08/15, the treating provider reports the plan of care as right shoulder surgery. The requested treatment includes a pillow/immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pillow/immobilizer: Upheld

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

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

Decision rationale: 1 pillow/immobilizer is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears but are not used for arthroscopic repairs. The documentation does not indicate that the patient had an open shoulder surgery. The 6/25/15 operative report indicates that the patient had arthroscopic shoulder surgery for a biceps tendon dislocation which involved mini open subpectoral biceps tenodesis but for the full thickness supraspinatus and subscapularis tears the patient had arthroscopic repair therefore this request is not medically necessary.