

Case Number:	CM15-0129955		
Date Assigned:	07/16/2015	Date of Injury:	08/20/2012
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 49-year-old female, who sustained an industrial injury on August 20, 2012. The injured worker was diagnosed as having left knee sprain and knee pain. Treatment to date has included medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated December 4, 2014 provides the injured worker complains of right shoulder and left knee pain. She reports the Transcutaneous Electrical Nerve Stimulation (TENS) unit helps and her pain is rated 6/10. Physical exam notes tenderness on palpation of the left knee with decreased range of motion (ROM) of the knee and right shoulder. There is painful range of motion (ROM) of the cervical spine. There is a request for sling, left knee surgery, crutches and post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative abduction pillow sling. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, 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) There is no documentation that the patient condition requires a sling for shoulder immobilization. Therefore, the request for sling is not medically necessary.