

<b>Case Number:</b>	CM15-0160056		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 53-year-old female who sustained an industrial injury on 9-26-2012. Diagnoses have included right shoulder impingement syndrome with acromioclavicular joint arthrosis, possible partial-thickness rotator cuff tear, and possible intra-articular injury based on mechanism. In the 7-14-2015 progress note, the physician cited a previous x-ray showing a hooked acromion, no significant glenohumeral joint arthrosis, and degenerative changes in the acromioclavicular joint. MRI was cited as showing "may be partial thickness tear of supraspinatus." Surgery has been approved and is scheduled for 7-31-1015. Documented treatment includes physical therapy for the right shoulder, home exercise, anti-inflammatory medications, unspecified injections into the subacromial space and acromioclavicular joint, which is noted to have helped partially and temporarily. The injured worker continues to complain of right shoulder pain and examination revealed acromioclavicular joint tenderness on the right, cross body adduction pain, and 120 degrees forward flexion. The treating physician's plan of care includes purchase of abduction pillow and smart sling for the right shoulder, which was partially denied on 7-22-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of abduction pillow for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, 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:** Purchase of abduction pillow for right shoulder is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The guidelines state that this pillow is used for massive rotator cuff tear and open repair shoulder surgery. This patient is having an arthroscopic shoulder surgery therefore this requests is not medically necessary.

**Purchase of smart sling for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Postoperative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Immobilization.

**Decision rationale:** Purchase of smart sling for the right shoulder is not medically necessary per the MTUS ACOEM and the ODG Guidelines. The MTUS states that prolonged use of a sling only for symptom control is not supported by the MTUS. The ODG states that early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. The documentation is not clear on why a smart sling is necessary over a standard sling for the shoulder. The documentation is not clear on the duration of use for this sling and prolonged immobilization is not supported by the guidelines therefore this requests is not medically necessary.