

Case Number:	CM15-0171249		
Date Assigned:	09/11/2015	Date of Injury:	07/02/2012
Decision Date:	10/09/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

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:

This injured worker is a 55 year old female, who sustained an industrial injury 07-02-2012. The injured worker was diagnosed as having right shoulder impingement syndrome with acromioclavicular joint arthrosis, possible partial thickness tears of the supraspinatus and subscapularis with proximal biceps tenosynovitis. On medical records dated 07-29-2015, the subjective findings noted right shoulder pain. Objective findings were noted as right sided acromioclavicular joint tenderness. Cross body adduction pain localized was noted, positive Neer's sign and Hawkin's test was noted as well. The injured worker was noted to be temporary total disabled. Treatments to date included right arm injection into the proximal bicep tendon sheath, which was noted to resolve pain for a few weeks. The injured worker was note to have undergone physical therapy on right shoulder, medication and home exercise program. The injured worker was recommended to undergo a right shoulder examination under anesthesia with arthroscopic subacromial decompression, Mumford procedure and biceps tenodesis versus tenotomy with treatment of other pathologies. The Utilization Review (UR) was dated 08-08-2015. A Request for Authorization was dated 07-29-2015. The UR submitted for this medical review indicated that the request for purchase of smart sling post-operatively right shoulder was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Smart Sling post-operatively right shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, surgery.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states that a sling post-operatively in shoulder surgery is a recommendation for improved recovery. Therefore, the request is medically necessary.