

Case Number:	CM15-0171279		
Date Assigned:	09/11/2015	Date of Injury:	07/02/2012
Decision Date:	10/15/2015	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, shoulder, elbow, and knee pain reportedly associated with an industrial injury of July 2, 2012. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve a request for a postoperative abduction pillow sling. The claims administrator referenced an RFA form received on July 30, 2015 and an associated progress note of July 29, 2015 in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing complaints of bilateral shoulder, bilateral elbow, wrist, low back, and knee pain. The applicant was placed off of work, on total temporary disability. Multiple medications, including a Motrin-containing cream and oral Ultracet, were endorsed while the applicant was seemingly kept off of work. On an RFA form dated July 29, 2015, a shoulder arthroscopy decompression, Mumford procedure, rotator cuff repair, and biceps tenodesis versus biceps tenotomy were endorsed, along with postoperative physical therapy, cryotherapy therapy device, and an abduction pillow sling. In an associated progress note of the same date, July 29, 2015, the applicant was given diagnoses of right shoulder impingement syndrome with possible partial thickness rotator cuff tears and/or biceps tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Abduction Pillow Post-operatively 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.

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

Decision rationale: No, the request for a postoperative abduction pillow sling was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of abduction pillow or splint for postoperative use. However, ODG's Shoulder Chapter Post-operative Abduction Pillow Sling topic notes that said slings are recommended as an option following open repair and/or massive rotator cuff tears, ODG qualifies this position by noting that such devices are not used for arthroscopic repairs. Here, the applicant was described on July 29, 2015 as in the process of pursuing an arthroscopic shoulder surgery. The applicant was described as having possible partial thickness rotator cuff tears. It did not appear that the applicant had either a massive or large rotator cuff tear for which provision of the postoperative abduction pillow sling at issue was indicated. Therefore, the request was not medically necessary.