

Case Number:	CM15-0176101		
Date Assigned:	09/17/2015	Date of Injury:	09/10/2013
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

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

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 50-year-old female, who sustained an industrial injury on 9-10-13. Medical record indicated the injured worker is undergoing treatment for cervicothoracic strain, mild arthrosis with resultant cephalgia, left shoulder impingement syndrome with acromioclavicular joint arthrosis and possible partial thickness rotator cuff tears, right shoulder impingement syndrome, bilateral medial and lateral epicondylitis of elbows, bilateral carpal tunnel and cubital tunnel syndromes, lumbosacral strain-arthrosis, bilateral knee contusions with patellofemoral syndrome, status post chest contusion and psychiatric complaints. Treatment to date has included acromioclavicular joint injection, which provided 75% initial pain relief; oral medications including Motrin, subacromial injection, physical therapy, home exercise program and activity modifications. Currently on 5-21-15 and 8-20-15, the injured worker complains of left shoulder pain. Physical exam performed on 5-21-15 and 8-20-15 revealed restricted range of motion of left shoulder with markedly positive Neer's and Hawkin's sign, acromioclavicular joint tenderness and no tenderness along the course of the proximal biceps. On 8-20-15, a request for authorization was submitted for left shoulder exam under anesthesia with arthroscopic subacromial decompression, Mumford procedure, rotator cuff repair, pre-op medical clearance, post-operative physical therapy, cold therapy unit purchase, cold therapy pad purchase, cold therapy sterile wrap purchase and smart sling purchase abduction pillow purchase. On 8-28-15, utilization review modified the purchase of a smart sling with purchase of an abduction pillow for post-operative left shoulder to postoperative abduction pillow sling with no specific brand of sling noting ODG recommends slings as an option following open repair of large and massive rotator cuff tears; however, the brand of sling is not a medical necessity issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Smart Sling with purchase of an abduction pillow for the postoperative left 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 (ODG), 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 (Acute & Chronic), Postoperative abduction pillow sling.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for left shoulder pain. An MRI of the shoulder on 06/05/15 showed findings of a moderate partial thickness tear of the supraspinatus tendon. There was mild acromioclavicular joint hypertrophy and subscapularis tendinosis. When seen, there had been temporary pain relief after injections of the acromioclavicular joint and the subacromial space. Physical examination findings included decreased and painful shoulder strength with acromioclavicular joint tenderness and positive cross arm adduction. Authorization was requested for an arthroscopic rotator cuff decompression and repair was requested. Authorization is being requested for a postoperative abduction pillow. A postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears, but are not used after an arthroscopic repair. In this case, an arthroscopic repair of a partial tear is being planned. An abduction pillow sling is not medically necessary.