

<b>Case Number:</b>	CM15-0025471		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 40-year-old female who sustained an industrial injury on 5/05/11. She was struck on the head, left side of her face, neck and shoulder area, and stomach while trying to redirect a violent customer. The 10/17/13 demonstrated multilevel cervical spine degenerative disc disease. The 3/23/12 electrodiagnostic study evidence cervical radiculopathy at C5/6 and right carpal tunnel syndrome. The 10/31/14 right shoulder MRI impression documented calcific tendonitis involving the right infraspinatus tendon, minimal degenerative changes of the right acromioclavicular (AC) joint and a mildly laterally down sloping orientation of the right acromion, and trace amount of fluid in the right subacromial subdeltoid bursitis, which may represent bursitis. The 11/6/14 treating physician report cited grade 7/10 bilateral shoulder pain with numbness and tingling in the front of the shoulders. Physical exam documented right shoulder range of motion barely 50%, with exquisite tenderness over the inferior portion of the AC joint and subacromion. She demonstrated positive Neer's, crossover impingement, Apley's, and Hawkin's tests with weakness in abduction. The treatment plan requested a right shoulder corticosteroid injection and physical therapy. The 12/9/14 treating physician report cited continued right shoulder pain at night and with activity. She had not improved with conservative treatment. Physical examination documented exquisite AC joint tenderness, anterolateral acromial tenderness, and subacromial bursal tenderness. There was increased pain with flexion, adduction and internal rotation. The diagnosis was right shoulder impingement syndrome, partial right rotator cuff tear, calcific tendinitis involving the infraspinatus tendon, down sloping acromion contributing to the impingement syndrome, and chronic subacromial/subdeltoid

bursitis. The treatment plan recommended right shoulder manipulation under anesthesia, arthroscopy to include distal clavicle resection, acromioplasty, extensive debridement of the subacromial bursa, possible lysis of adhesions, and intra-articular injection. Additional requests included medical clearance with labs, EKG, and pulmonary function tests, post-operative physical therapy 2x6, and durable medical equipment including shoulder abduction pillow brace, MicroCool machine, interferential unit, TENS unit, home exercise kit, and motorized compression pump with stockings for 30 days. Post-operative medications were requested to include Keflex, Ultram, and Norco. The injured worker was working full duty. The 1/13/15 utilization review non-certified the request for post-operative shoulder abduction pillow brace as the associated surgical request was deemed not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative Shoulder Abduction pillow brace:** 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) - Treatment Workers' Comp (12th Edition (web), 2014, Shoulder Chapter - Postoperative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. There is no evidence that this injured worker has a large or massive rotator cuff tear. Guidelines generally support a standard sling for post-operative use. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Additionally, there is no documentation in the medical records provided that the associated surgical procedure has been found medically necessary. Therefore, this request is not medically necessary.