

Case Number:	CM15-0072056		
Date Assigned:	04/22/2015	Date of Injury:	01/01/2009
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Minnesota, Florida

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 60-year-old female who sustained an industrial injury on January 1, 2009. She has reported a right shoulder injury and has been diagnosed with herniated lumbar disc, status post right shoulder arthroscopic surgery, status post right shoulder revision arthroscopic surgery, rotator cuff repair, cervical myofascial strain, bilateral elbow tendinitis, bilateral wrists carpal tunnel syndrome, bilateral knee strain/sprain, and bilateral ankle strain/sprain. Treatment has included surgery, medications, injections, and physical therapy. Currently the injured worker had a well healing incision without signs of infection. The treatment request included a right shoulder sling with an abduction pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Sling with Abduction Pillow (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: ODG guidelines indicate postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in the position that takes tension off the repaired tendon. Abduction pillow slings are not used for arthroscopic repairs. The injured worker was certified on 2/4/2015 for a right shoulder arthroscopy and rotator cuff repair. The documentation does not indicate open repair of a large and massive rotator cuff tear. As such, the request for an abduction pillow sling is not supported by guidelines and the medical necessity of the request has not been substantiated.