

<b>Case Number:</b>	CM15-0074081		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey

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 52 year old man sustained an industrial injury on 8/10/2012 while engaging in frequent heavy lifting and felt a sharp to dull pain in the left shoulder. Evaluations include left shoulder MRI and x-rays dated 3/2/2015. Diagnoses include complete rotator cuff tear and osteoarthritis of the shoulder. Treatment has included oral medications. Physician notes dated 3/2/2015 show persistent left shoulder pain, intermittent neck pain, and associated poor sleep. Recommendations include surgical intervention of the left shoulder with associated pre and post-operative services and equipment including post-operative sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Airplane Sling Left Shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Immobilization and Postoperative abduction pillow sling.

**Decision rationale:** The MTUS does not sufficiently discuss shoulder immobilization. The ODG, however, states that shoulder immobilization is not recommended as a primary treatment. Immobilization and rest appear to be over used as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Also, with the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, shoulder slings may be recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In the case of this worker, there was evidence found in the documents provided for review of a complete tear of the supraspinatus tendon of the left shoulder. There was a recommendation for surgical repair. Following a surgical procedure such as would be required for this degree of injury; it is reasonable and is medically necessary to use a sling for a period of time to help prevent disruption of the surgical reattachment.