

Case Number:	CM15-0091528		
Date Assigned:	05/15/2015	Date of Injury:	04/10/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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:

Certification(s)/Specialty:

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 46-year-old female, who sustained an industrial injury on 4/10/2013. She reported a trip and fall, with injury to her left knee, left hand, and left shoulder. The injured worker was diagnosed as having contusion of shoulder region. Treatment to date has included diagnostics, chiropractic, physical therapy, left shoulder injection, and medications. Some documents within the submitted medical records were difficult to decipher. Currently (4/20/2015), the injured worker complained of left knee pain (better), left ankle pain, and left hip pain. Magnetic resonance imaging of the left shoulder (11/10/2014) showed glenoid labral tear and full thickness and partial thickness tears, with tendinosis involving the supraspinatus tendon. The supraspinatus muscles appeared smaller than expected, consistent with atrophy. The progress report, dated 3/03/2015) noted complaints of pain in the left shoulder, left knee, and left ankle. Medications included Percocet, Gabapentin, Nexium, and occasional anti-inflammatories. She had full range of motion in both shoulders and a positive impingement sign in the left. The subacromial space was tender to palpation and weakness with movement. Surgical intervention to the left shoulder was recommended. Left knee arthroscopic surgery was noted on 3/20/2015. The rationale for shoulder cradle arc sling was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Cradle Arc Sling, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chart 9-3: methods of symptom control.

Decision rationale: According to the provided clinic records, the injured worker has persistent shoulder pain due to a glenoid labral full thickness tear with supraspinatus tendinosis as evidenced by MRI of the left shoulder on 11/10/14. According to cited guidelines, sling is recommended for symptom control of shoulder pain associated with rotator cuff tear. Considering the IW's clinical presentation, diagnoses of labral tear, and the cited guidelines, shoulder arc sling is appropriate for this patient. The peer reviewer states that since the patient is not certified for a rotator cuff repair the sling is not appropriate as "treatment guidelines support the use of abduction slings only in case of large or massive rotator cuff repairs" While the IW has not had a repair of the shoulder tendons at this time, she does have persistent pain with evidence of a full thickness tear on MRI. The guidelines recommend sling as appropriate for symptom management regardless if repair has already been conducted. Consequently, sling at this time is medically necessary for the IW.