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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/10/2013

Date of Injury:

4/28/2008

IMR Application Received:

7/23/2013

MAXIMUS Case Number:

CM13-0002599

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **shoulder immobilizer/sling purchase** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

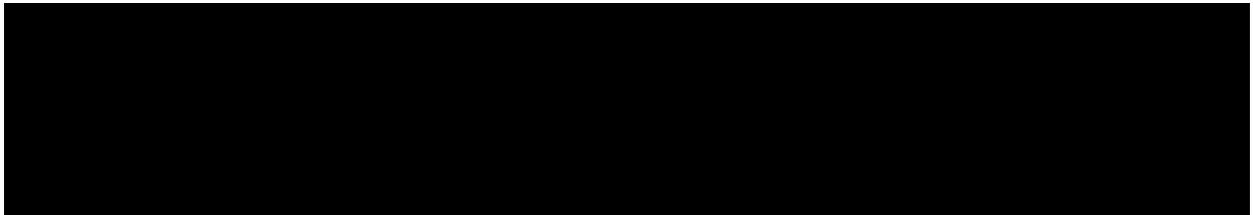
- 1) MAXIMUS Federal Services, Inc. has determined the request for a **shoulder immobilizer/sling purchase is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

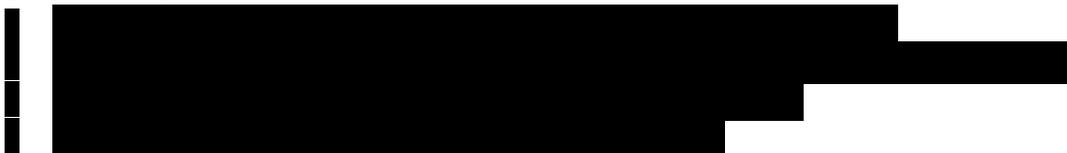
### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013.



### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



- 1) **Regarding the request for a shoulder immobilizer/sling purchase :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints, pgs.561-563, which is part of the MTUS. The Claims

Administrator also cited the Official Disability Guidelines (ODG), Shoulder, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pgs. 561-563, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, which is not part of the MTUS.

Rationale for the Decision:

The CA MTUS 2009 specifies in section 9792.23.2 "Shoulder Complaints," an adoption of the ACOEM Occupational Medicine Practice Guidelines, Shoulder Chapter, which specifies on page 213 Table 9-6 the following:

"Recommended: Brief use of a sling for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions (D) Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction (C). Not Recommended: Prolonged use of a sling only for symptom control (D)."

Further relevant guidelines on shoulder slings/immobilizers are found in the Official Disability Guidelines, which specify the following regarding postoperative abduction pillow sling: "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. (Ticker, 2008)"

There is documentation the employee underwent left shoulder SLAP and inferior labral repair on 6/13/13. The request is for a purchase of a shoulder sling for post-operative management. Both the ACOEM guidelines which are a first precedent, as well as the ODG do not have provisions for a shoulder sling for the type of surgery the employee has had. Three weeks are recommended following shoulder dislocation and reduction by ACOEM, and slings are recommended only for open large rotator cuff repairs per ODG. **The request for a shoulder immobilizer/sling purchase is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.