

<b>Case Number:</b>	CM13-0025688		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Management, has a subspecialty in Interventional Spine, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 year old, female with a date of injury on 7/26/11. The progress report dated 2/8/13 by [REDACTED] noted that the patient continued with significant loss of left shoulder motion. The patient has already received injections and physical therapy, and she has received conservative care for over six months. She still has a painful arc of motion between 70 and 115 with a history of frozen left shoulder. She has weakness of abduction and also forward flexion. There is well localized pain over the rotator cuff. She has left shoulder pain both night and day. She has a positive drop test to the left shoulder, forward flexion is 120. Abduction 110 with pain. The patient's diagnoses include: partial thickness tear rotator cuff, torn labrum, chronic tendinitis, bursitis, impingement left shoulder, MRI of left shoulder 8/14/12 - partial thickness tear rotator cuff, tenosynovitis of the biceps, superior labral tearing. A request was made for left shoulder surgery, including arthroscopic subacromial decompression, labral debridement, and synovectomy. Also requested was postoperative physical therapy for 12 visits, and the patient is noted to have a history of prior left frozen shoulder. A postoperative abduction arm pillow was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abduction Arm Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Shoulder Complaints, page 561-563. Additionally, Official Disability Guidelines (ODG) - Postoperative abduction pillow sling.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Rest and Immobilization pg. 213. Additionally, Official Disability Guidelines (ODG) - Postoperative abduction pillow sling.

**Decision rationale:** The progress report dated 2/8/13 by [REDACTED] noted that the patient's diagnoses include: partial thickness tear rotator cuff, torn labrum, chronic tendinitis, bursitis, impingement left shoulder, MRI of left shoulder 8/14/12 - partial thickness tear rotator cuff, tenosynovitis of the biceps, superior labral tearing. A request was made for left shoulder surgery including arthroscopic subacromial decompression, labral debridement, and synovectomy. Also requested was postoperative physical therapy for 12 visits, and it was noted that the patient has a history of prior left frozen shoulder. A postoperative abduction arm pillow was also requested. MTUS does not discuss abduction arm pillows for postoperative shoulder conditions. Therefore, a different guideline was reviewed. ODG states that abduction arm pillows are recommended as an option following open repair of large and massive rotator cuff tears. The progress report dated 7/24/13 indicated that the left shoulder surgery continued to be denied. The 11/13/13 progress report also does not appear to indicate that the left shoulder surgery was yet scheduled. Also, the patient does not present with a large and massive rotator cuff tear. MRI reports indicate only a partial tear. Abduction pillow slings are indicated for open shoulder surgery. In this case, the patient is anticipating arthroscopic subacromial decompression and not an open surgery. Therefore, the request for an abduction arm pillow is not medically necessary and appropriate. Recommendation is for denial.