

Case Number:	CM14-0155026		
Date Assigned:	09/24/2014	Date of Injury:	09/14/2009
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 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:

This is a 46-year-old male with a 9/14/09 date of injury. The mechanism of injury involved a machine striking his right shoulder. The injured worker was found to have a full thickness rotator cuff tear with a 1-cm retraction and underwent an arthroscopic repair in 11/2012. It was noted that on 9/13/13, a magnetic resonance imaging (MRI) of the right shoulder demonstrated a recurrent rotator cuff tear. The injured worker was most recently seen by an orthopedic on 7/17/14, when the injured worker complained of a persistent 5/10 right shoulder pain. Exam findings of the right shoulder revealed a healed scope incision, tenderness upon palpation of the rotator cuff muscles, along with atrophy of the cuff and deltoid muscles. There was a positive impingement sign on the right, in addition to a limited range of motion of the right shoulder. The motor strength was 2+/5 for the right shoulder, and the deep tendon reflexes were normal for both upper extremities. The injured worker's diagnoses included a history of a full thickness right rotator cuff tear status post arthroscopic repair, and a recurrent right rotator cuff tear. The injured worker's medications included pain medications and creams. The orthopedic surgeon recommended scope arthroscopic surgery for the recurrent right rotator cuff tear with a postoperative abduction sling. The documentation did not include the MRI shoulder report dated 9/13/13, and the severity of the rotator cuff tear was not specified. Treatment to date: medications, right shoulder arthroscopic surgery (11/2012), physical therapy, cortisone injection, acupuncture. An adverse determination was received on 9/5/14 due to the lack of documentation indicating that the injured worker had a large and massive rotator cuff tear, in addition to the lack of documentation indicating the surgical intervention was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP ABDUCTION SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER

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

Decision rationale: CA MTUS does not address this issue. ODG recommends abduction pillow slings 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. This injured worker had a history of a full thickness rotator cuff tear with a 1-cm retraction and underwent an arthroscopic repair in 2012. This injured worker was noted to have a recurrent rotator cuff tear in an MRI shoulder dated 9/13/13. Arthroscopic surgery was recommended, along with a postoperative abduction sling. The guidelines do not recommend the use of a postoperative abduction sling following arthroscopic repairs of large and massive rotator cuff tears. It was also unclear if this injured worker's recurrent rotator cuff tear was large and massive given that the documentation did not include the MRI shoulder report dated 9/13/13, nor did the progress notes specify the severity of the rotator cuff tear (i.e. severity of retraction, etc.). Therefore, the request for a Post-Op Abduction Sling was not medically necessary.