

Case Number:	CM14-0025803		
Date Assigned:	06/13/2014	Date of Injury:	05/13/2010
Decision Date:	09/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 70-year-old male who reported an injury on 05/13/2010 due to lifting/carrying heavy loads above shoulder level. Diagnosis was right shoulder pain. Past treatments were physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and a home exercise program. Diagnostic studies were an MRI of the right shoulder post arthrogram injection. Surgical history was right shoulder surgery in 05/2011, post-acromioplasty, Mumford of the right shoulder, 04/2014, and left ankle fusion. The injured worker had a physical examination on 03/10/2014 with complaints of right shoulder pain. The injured worker stated that the medications were working well. No side effects were reported. Motor examination revealed elbow flexor was 5/5 on both sides. Elbow extensors were 5/5 on both sides. Shoulder abduction was 5/5 on both sides. Shoulder external rotation was 4/5 on right and 5/5 on the left. Shoulder internal rotation was 5/5 on both sides. Medications were Celebrex and Voltaren gel. Treatment plan was to continue with a home exercise program and medications. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP SLING WITH STABILIZATION PILLOW: Upheld

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 Official Disability Guidelines (ODG) Shoulder, POSTOPERATIVE Abduction Pillow Sling.

Decision rationale: The request for postop sling with stabilization pillow is non-certified. The Official Disability Guidelines for postoperative abduction pillow sling is 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. The injured worker did not have a large or massive rotator cuff tear. Therefore, the request is non-certified.