

<b>Case Number:</b>	CM13-0001008		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2013

### 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, and is licensed to practice in Maryland. 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 claimant was a 63 year old female who was being followed for left humeral fracture. She sustained an injury on June 12, 2013 while pushing a cart at work. She fell onto her left side. She went to an urgent care an x-ray done indicated fracture of the head of humerus. She was rushed to an emergency room and the x-ray there indicated comminuted fracture of head of humerus. She was given a sling and was advised to take hydrocodone. She was seen by her primary treating provider on 14 June, 2013. Subjective complaints at the time included pain with range of motion of left shoulder. She denied any numbness or tingling. On examination the skin over the left shoulder was intact with moderate swelling anteriorly and laterally over the shoulder. There was ecchymosis noted anteriorly and posteriorly as well as in the upper arm. Sensation was noted to be normal. She was noted to have a tender humeral head. The diagnoses included left shoulder comminuted proximal humeral fracture. The plan of care included CT scan of left shoulder, splint and sling as directed, Vicodin PO PRN and followup after CT scan. The review is for authorization of splint. The request for sling and CT scan of shoulder were authorized. She was advised not to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPLINT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 212-213.

**Decision rationale:** Claimant sustained a comminuted proximal humerus fracture after a fall. She was seen in the emergency room and was immobilized with a sling. She was seen by the treating provider and was recommended to have a CT scan of the shoulder. She was also advised to continue with sling and splint as directed. According to the ACOEM guidelines, immobilization is recommended in this scenario. She had been given a sling in the emergency room for immobilization. The provider note does not detail the nature of the splint and the indication. A request for a sling had been authorized for immobilization. Given the lack of information on the type of splint and also for the need for splinting in addition to a sling, the medical necessity for a shoulder splint is not met.