

Case Number:	CM13-0012843		
Date Assigned:	06/20/2014	Date of Injury:	07/07/2004
Decision Date:	07/30/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery 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:

The injured worker is a 63-year-old male who reported an injury on 07/07/2004 due to continuous lifting of heavy boxes. The injured worker complained of pain in his right shoulder. There was no measurable pain documented in the submitted report. The physical findings revealed that the injured worker had a positive impingement sign, positive O'Brien's test, and tenderness to palpation over his AC joint. There was no documentation on range of motion or muscle strength. The injured worker has undergone MRI dated 04/01/2013. He has diagnoses of bilateral shoulder tendinitis with degenerative arthritis and ongoing right-sided cervical radicular symptoms. The injured worker has undergone physical therapy, cortisone injections, and medication therapy. Medications include Flector patches, Tizanidine, and Voltaren gel. The treatment plan is for postoperative right shoulder immobilizer, 6-week rental. The submitted report lacked any documentation showing when and if the injured worker had surgery to his right shoulder. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative right shoulder immobilizer, 6 weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization.

Decision rationale: The request for Post operative right shoulder immobilizer, 6 weeks rental is non-certified. The injured worker complained of right shoulder pain. No measurable pain was noted. The ODG guidelines do not recommend immobilization as a primary treatment. Immobilization and rest appear to be overused as treatment. Guidelines also state that with the shoulder, immobilization there is also a major risk factor for developing adhesive capsulitis, also termed frozen shoulder. As per ODG, it is not recommended that the injured worker receive postoperative right shoulder immobilizer. The documentation submitted lacked any evidence as to when and if the injured worker received right shoulder surgery. There was no evidence as to any physical therapy and/or conservative care therapy. As Guidelines state, with the shoulder, they are at major risk for developing adhesive capsulitis also termed as frozen shoulder. As such, the request for Post operative right shoulder immobilizer, 6 weeks rental is non-certified.