MAXIMUS Federal Services

Case Number:	CM13-0028708		
Date Assigned:	11/27/2013	Date of Injury:	05/29/2012
Decision Date:	02/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 claimant is a 40-year-old female injured 05/29/12 sustaining an injury to the right shoulder. Specific to the right shoulder, clinical records reviewed include a 08/14/13 assessment with [redacted]. [redacted]. indicating ongoing complaints of pain about the shoulder stating the claimant is scheduled to undergo surgery to the right shoulder in the form of an arthroscopy by [redacted], scheduled for August 20th. It states that the claimant has been cleared for procedure and is anxious to proceed. Records do not indicate instability to the shoulder and stated that she has previously utilized a brace with no significant benefit. At present, there is current request for use of a shoulder brace for purchase as well as the role of a TENS unit for the shoulder for "indefinite use." Records seem apparent that the use of these devices are for post-operative need given the claimant's specific request for upcoming surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a shoulder brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines discuss immobilization generally noting that this may be used if indicated. When looking at Official Disability Guidelines, the role of a shoulder brace would not be indicated. Guidelines do not recommend the role of shoulder immobilization with the exception of fracture and only indicate the role of abduction pillow slings in a setting involving a larger massive rotator cuff repair. The role of the shoulder brace as requested in this case thus would not be indicated for current use.

Electrical muscle stimulation/TENS unit for the shoulder(indefinite use) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of a TENS device in this case for "indefinite use" would not be indicated. Guidelines give no clinical indication for the long term use of a TENS unit particularly in the acute setting of shoulder symptoms. The role of this device and modality for use in the claimant's current course of care, which is to include a shoulder surgical procedure, would not be supported.