

<b>Case Number:</b>	CM13-0054483		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Practice 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 patient is a 48 year old female who reported an injury on 08/22/2000. Her current diagnoses include lumbago, carpal tunnel syndrome, muscle spasms, and joint pain. The 09/23/2013 clinic note indicated right shoulder tenderness on subdeltoid bursa and bicipital tendon with restricted abduction. The patient was seen on 11/20/2013 for medication refills regarding her chronic neck, shoulder and back pain rated at 7-8/10 at worst and 5-6/10 at best. The note indicated an MRI of the right shoulder performed 08/03/2012 that presented normal appearance of the rotator cuff, previous anterior labral repair, and mild acromioclavicular osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Functional Arm Brace with Humeral Attachment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, [www.odg-twc.com](http://www.odg-twc.com); Shoulder Section(Acute & Chronic), Updated 6/12/2013.

**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:** Official Disability Guidelines do not recommend immobilization as a primary treatment, as it is a major risk factor for developing adhesive capsulitis. The documentation submitted indicates the patient's shoulder pain is chronic and therefore, the brace would not be beneficial. As such, the request is non-certified.