

<b>Case Number:</b>	CM13-0063038		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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:

This is a 38 year old male with industrial injury 1/17/13 with right shoulder strain. Exam note from 3/14/13 demonstrates right shoulder pain with overhead activities. Exam note from 6/6/13 demonstrates persistent right shoulder pain Treatment included medication, activity modification and home exercise. Exam 11/14/13 demonstrates cervical and right shoulder pain. Tenderness is noted over the right shoulder, positive impingement sign without shoulder instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIGHTWEIGHT VEST:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**Decision rationale:** CA ACOEM guidelines recommends treatment of shoulder conditions to include at home applications of heat and cold packs to aid in exercises. In addition it recommends a short course of supervised exercise instruction by a therapist. In addition it recommends a brief

use of sling for severe shoulder pain. A lightweight vest is not in the ACOEM recommendations nor the ODG criteria. Therefore the determination is for non-certification.