

<b>Case Number:</b>	CM13-0063977		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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:

39 year old male claimant with an industrial injury dated 06/26/13. MRI dated 10/14/13 demonstrates a torn bicep tendon, SLAP lesion older that the biceps rupture, and a labral tear. Exam note 08/13/13 states the patient returns with back, neck and shoulder. The patient describes the pain as sharp and dull; along with the symptoms lessening by rest. The patient explains that he has limited range of motion but no leg weakness or numbness to the lower extremities. Current medications include acetaminophen, Tramadol, Etodolac, and Polar frost gel. Physical exam of the patient demonstrates a normal gait, full weight bearing strength, and normal posture. There is posterior cervical tenderness, but no tenderness in the paracervical, sternocleidomastoid and trapezius muscles. The cervical compression test, and cervical distraction test are both negative. Range of motion of the neck is restricted but no weakness in the paracervical musculature. There is tenderness in the right subacromial and subdeltoid regions but no tenderness surrounding the right biceps tendon and rotator cuff. The drop-arm sign test, and apprehension test were both negative. The back muscles demonstrate no weakness and sensation is intact. The patient was diagnosed with a sprain/strain of the lumbar, thoracic, cervical and shoulder regions. Treatment includes a continuation of medication, physical therapy, and a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Brace:** Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder brace. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case there is no indication for need for open rotator cuff repair and therefore determination is not medically necessary.