

Case Number:	CM13-0068368		
Date Assigned:	01/03/2014	Date of Injury:	10/09/2011
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation 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 patient is a 46-year-old male who reported an injury on 10/09/2011. The mechanism of injury was not provided for review. The patient's most recent clinical chart documentation was from 09/11/2012 that documented the patient had undergone right knee surgery. No evaluation of the patient's cervical or bilateral shoulders was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCAPULAR STABILIZATION BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The requested Scapular stabilization brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the brief use of a sling for severe shoulder pain and dislocation and reduction, and for acromioclavicular separations or severe sprains. The clinical documentation submitted for review

did not provide an adequate assessment of the patient's shoulder to determine whether the need for immobilization was appropriate. There was no recent clinical evaluation to provide deficits that would require immobilization. As such, the requested Scapular stabilization brace is not medically necessary or appropriate.