

Case Number:	CM14-0003031		
Date Assigned:	01/31/2014	Date of Injury:	07/07/1999
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 65 year old female with an injury to her shoulders on 11/12/96 and right knee injury in 1999. An MRI of the right shoulder dated 2/18/13 revealed a full thickness tear of the supraspinatus tendon with moderate retraction. There was also the development of a thin interstitial tear in the subscapularis. A clinical note dated 3/1/13 indicated the initial injury occurred when she was pushing a container of freight over rollers and slipped, lost her balance, and landed on the front part of her right knee. The injured worker was subsequently diagnosed with reflex sympathy dystrophy in 2000. The injured worker continued with neck and back complaints. Upon exam, the injured worker demonstrated 30 degrees of cervical flexion and extension and 60 degrees of bilateral rotation and 30 degrees of bilateral side bending. The injured worker demonstrated 150 degrees of abduction at the right shoulder and 70 degrees of internal and external rotation. A custom bra was requested in order to provide structural support and to take the stress off the scapula. A clinical note dated 7/11/13 indicated that the injured worker was utilizing Norco, Lidoderm patches, Terocin lotion, and Cymbalta for pain relief. A clinical note dated 9/4/13 indicated that the injured worker continuing with complaints of right knee, right shoulder, and back pain. Pain radiated throughout the right side of the body. A clinical note dated 11/6/13 indicated that the injured worker was demonstrating trigger points upon palpation in the scapula. Strength was 4/5 at the right elbow and 4+/5 strength was identified at the left elbow. Strength deficits were identified at left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 CUSTOM SURGICAL BRAS: 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

Decision rationale: The clinical documentation indicates that the injured worker was complaining of right shoulder pain. The submitted MRI revealed a full thickness tear at the supraspinatus. However, no information was submitted regarding any functional deficits specifically attributable to the injured worker's breasts. No information was submitted regarding the expected benefit with a reduction in the functional deficits with the use of custom surgical bras. As such, the request is not medically necessary.