

<b>Case Number:</b>	CM14-0004181		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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:

The injured worker is a 67-year-old male who reported an injury on 08/24/2011. The mechanism of injury was not provided. On 11/22/2013, the injured worker presented with continued right shoulder pain. Upon examination of the right shoulder, there was tenderness over the AC joint and anterior lateral aspect of the acromion. The injured worker range of motion (ROM) elicited pain and there was decreased ROM. The diagnoses were partial thickness tear of the rotator cuff to the right, acromioclavicular (AC) joint impingement to the right, osteoarthritis to the right AC joint, and other post procedural status right shoulder arthroscopy on 02/03/2012. The prior treatment included surgery, medications, and physiotherapy. The provider recommended a right shoulder abduction brace. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ABDUCTION 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, Immobilization.

**Decision rationale:** The request for a right shoulder abduction brace is not medically necessary. The ODG do not recommend immobilization as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work, decreased pain, swelling and stiffness, and a greater preserved range of joint motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed frozen shoulder. As the guidelines do not recommend immobilizing the shoulder, a shoulder abduction brace would not be warranted. As such, the request is not medically necessary.