

Case Number:	CM14-0009935		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2007
Decision Date:	06/25/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/27/2014

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 Maryland. 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 44-year-old female who sustained an injury to her right shoulder on August 17, 2007. The mechanism of injury was not documented. The injured worker continued to complain of persistent right shoulder pain that wakes her up at night. She stated that the right shoulder continued to swell and she is starting to develop numbness/tingling in her arm. Her symptoms are moderate to severe and constant on a daily basis. She stated that her symptoms continue to be bothersome during her activities of daily living. She takes Norco for pain control and Prilosec which does help the upset stomach and constipation the Norco is causing. Physical examination noted normal gait; no evidence of surgical incision scar of the right shoulder; swelling absent; ecchymosis absent; tenderness to palpation noted in the anterior capsule and acromioclavicular joint; no tenderness in the sternoclavicular joint; acromioclavicular joint instability is absent. Range of motion abduction 145°, adduction 40°, extension 40°, internal rotation 90°, external rotation 90°, flexion 150 degrees; Hawkin's, impingement and O'Brien's testing positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SOLAR CARE BRACE FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8, NECK AND UPPER BACK COMPLAINTS, 175

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, collars

Decision rationale: The request for solar care brace for the cervical spine is not medically necessary. The previous request was denied on the basis that evidence-based guidelines identified cervical braces as ineffective. Cervical collars do not appear to have any lasting benefit except for comfort in the first few days of the clinical course in severe acute cases. Prolonged use of cervical collars may result weakness and therefore debilitate. The ODG states that cervical collars are not recommended for neck sprains. Injured workers diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal, preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective and are not recommended for treating whiplash patients. Given the clinical documentation for review, medical necessity of the request for solar care brace for the cervical spine has not been established. The request for one solar care brace for the cervical spine is not medically necessary or appropriate.