

Case Number:	CM14-0015459		
Date Assigned:	02/28/2014	Date of Injury:	03/17/2011
Decision Date:	12/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 New York. 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 has a date of injury of March 17, 2011. The patient complains of left shoulder pain. On physical examination is decreased range of motion of the left shoulder. MRI of the left shoulder from October 2012 shows mild arthritic degenerative changes of the a.c. joint. There is a small partial thickness rotator cuff tear. The patient is taking medications without relief. Physical examination shows decreased range of motion of the left shoulder. The patient was diagnosed with left shoulder impingement syndrome. The patient has been indicated for shoulder surgery. At issue is whether shoulder abduction brace is medically necessary. At issue is whether deep venous compression device is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER ABDUCTION BRACE FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder chapter

Decision rationale: Shoulder abduction brace is not medically necessary for this patient. Guidelines do not recommend shoulder abduction brace for the treatment of partial rotator cuff

tears without significant loss of motion. In addition the medical records do not document that the patient has had a recent trial and failure of conservative measures to include physical therapy. More conservative measures are necessary. In addition, guidelines do not support abduction brace for rotator cuff pathology does not involve complete rotator cuff tear. Shoulder abduction brace is not medically necessary.

DEEP VEIN COMPRESSION PUMP AND STOCKINGS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder chapter

Decision rationale: The vein compression pump is not medically necessary after shoulder surgery. Shoulder surgery has not been shown to put patient that increased risk for deep venous thrombosis. It is a relatively low risk surgery for deep venous thrombosis in prophylactic compression pump is not medically necessary.