

<b>Case Number:</b>	CM14-0019315		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 57-year-old female who reported an injury on 8/16/01. The mechanism of injury was not provided for review. Current diagnoses include left shoulder sprain, right shoulder overuse syndrome, left frozen shoulder, reflex sympathetic dystrophy in the left upper extremity, neck pain, dystonia, and right shoulder sprain/labral tear. The injured worker was evaluated on 4/9/14. The injured worker reported persistent pain in the left upper extremity and thoracic area. Previous conservative treatment includes an epidural injection, TENS therapy, H-wave therapy, ice therapy, stellate ganglion blocks, trigger point injections, cortisone injections, and a scapulothoracic bursa injection. Physical examination revealed 90 degree right shoulder abduction with tightness, limited left shoulder range of motion, limited cervical range of motion, tenderness to palpation, and positive cross adduction testing. Treatment recommendations at that time included a waist/hip support and a request for evaluation of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH ORTHOTIST FOR BRACE THAT WILL USE WAIST/HIPS SUPPORT AND CUP LEFT ARM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination revealed limited shoulder range of motion with tenderness to palpation, and limited cervical range of motion. The medical necessity for a waist/hip support has not been established. Therefore, the current request is not medically appropriate.

**EVALUATION FOR POSSIBLE INJECTION OR TREATMENT, TYPE OR BODY PART UNKNOWN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has been previously treated with numerous injections. The specific type of injection and body part were not listed in the current request. Therefore, the request is not medically appropriate.