

Case Number:	CM14-0147138		
Date Assigned:	09/15/2014	Date of Injury:	07/12/2013
Decision Date:	11/06/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 07/01/2013. The date of the utilization review under appeal is 08/12/2014. On 01/27/2014, the patient was seen in primary treating physician follow-up regarding lumbar sprain, post-concussion syndrome, cervicalgia, and thoracic sprain. The treating physician noted the patient had diffuse body pain after a fall without evidence of significant orthopedic injury. The treating physician indicated he was not able to determine the cause of the patient's severe pain impairment. Treatment recommendations included continued physical therapy. An objection to an initial utilization review determination was filed on behalf of the patient. This discusses procedural issues but does not specifically discuss the clinical issues presently under discussion. An initial utilization review notes that the patient has seen several providers. There is no medication of any indication for a shoulder abduction restrainer which was requested retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective shoulder, eight design abduction restrainer: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: ACOEM Guidelines, Chapter 9 Shoulder, page 204, recommends a shoulder sling for specific clinical diagnoses including acromioclavicular joint strain or rotator cuff tear. The medical records in this case are not clear in terms of the patient's underlying diagnosis in the shoulder or the specific rationale or diagnosis for which the shoulder restrainer in question has been requested. Therefore, this request is not medically necessary.