

Case Number:	CM14-0147913		
Date Assigned:	09/15/2014	Date of Injury:	06/05/2013
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

There were 264 pages provided for this review. She has neck and upper extremity pain and weakness. She is pending surgical consultation and psychological evaluation. She remains depressed with neck discomfort with restricted cervical range of motion. The diagnostic impressions were overuse syndrome of the left upper extremity and left lateral epicondylitis. There was left flexor forearm tendinitis. There is probably upper extremity entrapment neuropathy and left shoulder impingement. There is also left cervical C7 radiculitis, reports of stress, anxiety and depression and a stress or medicine induced gastritis. There was a qualified medical examination that was provided and reviewed. There was an application for independent medical review for a left shoulder brace signed on September 8, 2014. She was treated with physical therapy. Her injury was on June 5, 2013. She is also had activity modification, steroid injection times two, and anti-inflammatories. There was continued left shoulder pain with weakness and numbness. She had difficulty lifting. A left shoulder surgery was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder 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, under immobilization

Decision rationale: The MTUS is silent. Regarding shoulder immobilization by bracing, the ODG notes: Not recommended 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. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". (Rauoof, 2004). Immobility by bracing is generally not supported; the request is not medically necessary and appropriate.