

Case Number:	CM14-0181154		
Date Assigned:	11/05/2014	Date of Injury:	12/08/2011
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This is a 44-year-old female with a 12/8/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/8/14 noted subjective complaints of shooting pain down his left arm, with numbness in the digits. Objective findings included decreased left shoulder ROM. Diagnostic Impression: bilateral shoulder impingement syndrome Treatment to Date: medication management, shoulder injections, and TENS unit A UR decision dated 10/9/14 denied the request for a postop shoulder immobilizer. The documentation did not provide a full shoulder physical examination including neurological examination. Therefore both the requested shoulder surgery and post-op shoulder immobilizer were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Shoulder Immobilizer: 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 Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, the requested left shoulder surgery has been previously denied. Additionally, guidelines do not recommend routine postoperative shoulder immobilization. Therefore, the request for postop shoulder immobilizer was not medically necessary.