

Case Number:	CM14-0184336		
Date Assigned:	11/12/2014	Date of Injury:	08/17/2010
Decision Date:	12/30/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/05/2014

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:

59 year old female claimant with an industrial injury dated 08/17/10. Exam note 07/24/14 states the patient returns with right shoulder and right knee pain. The patient explains that the knee pain is associated with bilateral numbness, and tingling. The patient also states that she experiences pain in both knees but more with the right than the left. Upon physical exam range of motion of the right shoulder was noted as a flexion of 70', extension of 30', abduction of 80', adduction of 20', and internal/external rotation of 30'. The patient had full range of motion of the elbows. There was a visible well healed scar over the right shoulder and over the right volar wrist. The patient completed a positive Phalen's and Finklestein's test for the bilateral hands. There was evidence of tenderness along the medial joint line of the right knee with positive patellofemoral crepitation on both knees. The patient had a mild effusion in the right knee and no effusion in the left; but there was bilateral valgus knee deformity noted. Conservative treatments have included physical therapy and cortisone injections. Treatment includes a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a shoulder sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Immobilization

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the exam note from 7/24/14 does not demonstrate severe shoulder pain to warrant a sling. The request for a sling is therefore not medically necessary and appropriate.