

Case Number:	CM14-0022090		
Date Assigned:	05/09/2014	Date of Injury:	02/03/2012
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The patient had an industrial injury on February 3, 2012. Status post arthroscopic subacromial decompression with extensive debridement left shoulder on May 17, 2012. Complaint of left shoulder pain. Exam note from December 11, 2013 demonstrates complaint of popping and crepitance. Left shoulder MRI on January 2, 2014 demonstrates no displaced labral tear or paralabral cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLOW PROGRESSIVE WEIGHT TRAINING PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Patient is status arthroscopic subacromial decompression with extensive debridement left shoulder on May 17, 2012. The patient is status post post surgical treatment per the Post Surgical Treatment Guidelines which recommends 24 visits over fourteen weeks over a six month post op period. In this case there patient should be on a home based program now two

years since the surgical procedure. The request for a slow progressive weight training program is not medically necessary or appropriate.

LEFT SHOULDER SHORT HARNESS FOR STABILITY (FITTED DEVICE): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder chapter, Immobilization.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder harness for stability. According to the ODG criteria, immobilization is not recommended as a primary treatment. The use of a shoulder harness does not meet medical necessity as there is no evidence of instability of the shoulder. The request for a left shoulder short harness for stability (a fitted device) is not medically necessary or appropriate.