

Case Number:	CM14-0044497		
Date Assigned:	07/02/2014	Date of Injury:	07/30/2012
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 is a 36-year-old male with date of injury of 07/30/2012. The listed diagnoses per [REDACTED] are: 1. Herniated disk on cervical spine. 2. Disorder of bursae (bursitis). According to progress report 11/15/2013 by [REDACTED], the patient presents with chronic left shoulder pain. Examination revealed decreased range of motion of the left shoulder. It was noted the patient is pending an MRI of the left shoulder. This report is handwritten and grossly illegible. Utilization review from 03/12/2013 indicates an MRI of the left shoulder from 11/01/2013, which demonstrated intact left rotator cuff, intact left labrum, severely anterolaterally downsloping orientation of the left acromial which narrows the left subacromial space and increases the anatomical risk for subacromial impingement syndrome. There are 2 progress reports by [REDACTED] and both are handwritten and grossly illegible. Request for authorization from 11/15/2013 requests DME left shoulder brace and shoulder home exercise kit. Utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Brace/Ultra Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter.

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

Decision rationale: This patient presents with chronic left shoulder pain. The treater is requesting a left shoulder brace/sling. The ACOEM, MTUS and ODG do not discuss shoulder brace or slings. However, under the shoulder section, ODG has the following regarding Immobilization, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment." ODG further states, "Immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder"." In this case, ODG does not recommend immobilization of the shoulder. The treater does not explain why a shoulder sling or forearm brace is needed to treat this patient's shoulder pain. The patient is not post-operative and the guidelines do not support immobilizing the shoulder. Recommendation is for denial.

Shoulder Home Exercise Kit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Home exercise kits (ODG).

Decision rationale: This patient presents with chronic left shoulder pain. The treating physician is requesting a shoulder home exercise kit. The ACOEM, MTUS and ODG do not discuss shoulder exercise kits. However, exercise is recommended in MTUS, ACOEM, and ODG guidelines. ODG specifically recommends exercise for the shoulder for multiple disorders. ODG states, Recommended. where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. ODG supports active self directed home exercises. The request is not medically necessary and appropriate.