

Case Number:	CM14-0046387		
Date Assigned:	07/02/2014	Date of Injury:	01/31/2013
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 54 year-old male who was reportedly injured on January 31, 2013. The mechanism of injury is noted as a lifting type event. The most recent progress note dated March 14, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated no pain to palpation about the shoulder, a decrease in shoulder range of motion, and 5/5 rotator cuff strength. Cysts Diagnostic imaging studies objectified and ordinary disease of life tendinitis/tendinosis. Previous treatment includes 24 visits of physical therapy, discovered surgery, postoperative rehabilitation, multiple medications. A request was made for durable medical equipment and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX 12TH EDITION (WEB), 2014 , SHOULDER.

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, updated June, 2014.

Decision rationale: The parameters noted in the Official Disability Guidelines were used. Such a setting is at times recommended for an open repair of a larger massive rotator cuff tear. Neither of those maladies was noted. The treatment is noted to address and arthrofibrosis (frozen shoulder) and its mobilization after surgery, not immobilization, that is required. As such, based on the limited clinical information presented for review, tempered by the Official Disability Guidelines guidelines, there is no medical necessity for such a device. Therefore, the request is not medically necessary.