

Case Number:	CM14-0064522		
Date Assigned:	07/11/2014	Date of Injury:	05/25/2010
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 31-year-old female who reported an injury to her left shoulder. However, no description of the initial injury was provided. The clinical note dated 09/11/13 indicates the injured worker complaining of decreased mobility at the left shoulder with a positive impingement sign. Tenderness was identified upon palpation over the greater tuberosity of the humerus. The clinical note dated 12/13/13 indicates the injured worker complaining of a dull, sharp, burning, throbbing, pins and needles sensation with numbness and tingling in the left shoulder. The injured worker rated the pain as 8/10. With 4/5 strength identified at the supraspinatus and infraspinatus. The electrodiagnostic studies completed on 01/08/14 revealed a sensory median neuropathy across both wrists, greater on the right. The clinical note dated 01/10/14 indicates the injured worker continuing with 8/10 pain at the left shoulder. The injured worker was able to demonstrate 160 degrees of left shoulder flexion, 50 degrees of extension, 140 degrees of abduction, with 40 degrees of adduction, and 70 degrees of both internal and external rotation. Upon exam, the injured worker was identified as having a positive Hawkins and Neer's sign. The injured worker also reported positive Jorgensen's and Speed's tests. The clinical note dated 01/22/14 indicates the injured worker continuing with pain at the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Airplane design brace left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, Immobilization.

Decision rationale: The request for an airplane design brace at the left shoulder is not medically necessary. The documentation indicates the injured worker complaining of left shoulder pain. The use of immobilization and rest are not recommended as primary treatments at the shoulder. Mobilization of the shoulder generally benefits the injured worker with an earlier return to work as well as decreased pain, swelling, and stiffness. Shoulder immobilization devices have frequently resulted in adhesive capsulitis. Given these factors, this request is not indicated as medically necessary.