

Case Number:	CM14-0096515		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2013
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 is licensed to practice in Texas and Oklahoma. 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 57-year-old male with an unknown mechanism of injury reported on 03/14/2013. On 05/20/2014, his diagnoses included right shoulder impingement syndrome. His complaints included right shoulder pain and weakness, which was exacerbated with overhead activity. The progress note stated that he had not responded to conservative treatments including physical therapy, chiropractic care, acupuncture, anti-inflammatory medications, and a cortisone injection. He had a positive Neer and Hawkins-Kennedy tests. A request was made for a right shoulder diagnostic arthroscopy and possible synovectomy, labral repair, arthroscopic subacromial decompression, distal clavicle excision, and rotator cuff repair. There was no documentation submitted that the requested surgery had ever taken place. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: The request for post-operative shoulder sling is not medically necessary. The Official Disability Guidelines do not recommend shoulder mobilization as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work, decreased pain, swelling, stiffness, and a greater preserved range of joint motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis. Additionally, the request did not specify which shoulder the sling was meant to be used on. Furthermore, there was no documentation that the proposed surgery had ever taken place. Therefore, this request for post-operative shoulder sling is not medically necessary.