

Case Number:	CM13-0006065		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2007
Decision Date:	03/19/2015	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Emergency Medicine

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 68 year old female, who sustained an industrial injury on 9/1/07. She has reported pain in the right wrist. The diagnoses have included right carpal tunnel syndrome and fibromyalgia. Treatment to date has included electrodiagnostic studies and oral medications. On 5/29/2013 the IW underwent right carpal tunnel surgery. On 6/3/13 the IW was evaluated for a wound infection. In review of the submitted chart, there is no mention of shoulder pain nor is there a shoulder examination documented. Listed diagnoses do not include any shoulder related conditions. The treating physician is requesting a retro shoulder immobilizer. On 7/22/13 Utilization Review non-certified a retro shoulder immobilizer. The UR physician cited the MTUS guidelines for shoulder complaints and the ODG guidelines on shoulder immobilization. On 8/1/13, the injured worker submitted an application for IMR for review of a retro shoulder immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO SHOULDER IMMOBILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: CA MTUS ACOEM guidelines recommend a "brief use of a sling for severe shoulder pain (1-2 days)" It further recommends "three weeks use, or less, of a sling after an initial shoulder dislocation and reduction." prolonged immobilization is not recommended. The chart documentation does not include and subjective shoulder symptoms or objective findings to support shoulder injury or pathology. As such, the request for a shoulder immobilizer is not medically necessary.