

<b>Case Number:</b>	CM14-0192139		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab 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 an injury date of 08/10/13. The patient is status post left shoulder arthroscopy, as per operative report dated 12/01/13. As per progress report dated 10/16/14. The patient complains of severe locking and catching of his left shoulder. Physical examination of the left shoulder reveals a positive O'Brien's test consistent with large labral tear. According to the 09/04/14 progress report, the patient is also experiencing numbness and tingling in the left upper extremity. The patient rates his left shoulder pain as 5/10, as per progress report dated 07/28/14. Physical examination reveals stiffness, weakness and limited range of motion. The patient has received conservative treatments in form of physical therapy, medications, injections and rest, as per progress report dated 10/16/14. Medications, as per progress report dated 06/09/14, include Hydrocodone, Diclofenac sodium, Orphenadrine, and Pantoprezole sodium. The patient has also been advised to use hot and cold therapy to manage pain, as per progress report dated 04/17/14. X-ray of the Left Shoulder and the Humerus (date not mentioned), as per progress report dated 10/16/14: Soft tissue swelling.MR Arthrogram of Left Shoulder, 08/25/14:- Mild rotator cuff tendinosis with shallow undersurface articular sided tear of the supraspinatus tendon- SLAP tear superoanterior labrum- Postsurgical changes, glenoidDiagnosis, 10/16/14: Large labral tear of the left shoulder. The treater is requesting for acromio/clavicular canvas & WE (shoulder orthosis). The utilization review determination being challenged is dated 11/13/14. The rationale was "...there was no indication of a large or massive rotator cuff tear to support the need of a sling/abduction pillow to support medical necessity for a purchase." Treatment reports were provided from 12/11/13 - 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACROMIO/CLAVICULAR CANVAS&WE (Shoulder Orthosis):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Shoulder (Acute & Chronic), Static progressive stretch (SPS) therapy

**Decision rationale:** The patient is status post left shoulder arthroscopy, as per operative report dated 12/01/13, and presently complains of severe locking and catching of his left shoulder, as per progress report dated 10/16/14. The request is for acromio/clavicular canvas & WE (shoulder orthosis). ODG Guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Static progressive stretch (SPS) therapy', state that splints are "Recommended as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion." In this case, there is no documentation of prior splint use. The available progress reports do not have the request and the treater does not discuss the need for the product. However, the patient has been diagnosed with large labral tear which leads to pain and stiffness of the shoulder joint. Splints such as Acromio/Clavicular Canvas & We can help increase the range of motion and thereby, improve function. Hence, the request IS medically necessary.