

Case Number:	CM14-0201460		
Date Assigned:	12/11/2014	Date of Injury:	11/16/2010
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice 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:

37 yr. old male claimant sustained a work injury on 11/16/10 involving the both shoulders. He was diagnosed with a left shoulder capsulitis and labral tear. He several physical therapy modalities. He underwent left shoulder debridement and a capsular release. A progress note on 11/7/14 indicated the claimant had several physical medicine modalities but had persistent right shoulder pain. Exam findings were notable for reduced range of motion and painful abduction. The physician recommended continuing physical therapy and using a shoulder sling to immobilize the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Immobilizer/sling with web strap, large for purchase QTY#1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early

mobilization benefits include earlier return to work; decreased pain, swelling, and 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, also termed "frozen shoulder." Based on the above, the purchase of an immobilizer is not medically necessary.