

Case Number:	CM14-0045881		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2012
Decision Date:	04/03/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old man sustained an industrial injury on 9/8/2012. The mechanism of injury was not detailed. Current diagnoses include status post shoulder surgery for SLAP lesion, neck pain rule out disc herniation, ligamentous wrist injury following industrial accident, posttraumatic stress disorder, and ear and eye problems. Treatment has included oral medications. Physician notes dated 3/17/2014 show left shoulder pain that is improving. He is also losing his grip strength and there is numbness and tingling in the arms. The neck is painful to rotate alone. Recommendations include reviewing the MRI of the cervical spine. Physician notes dated 3/27/2014 are in response to the peer-to-peer denial of the requested brace. It explains that the brace was requested as a post-operative measurement to utilize principals of stress relaxation and low-load stretch to achieve permanent restoration of joint range of motion. The unit does not require supervision and the goal is to prevent stress on the shoulder. On 3/28/2014, Utilization Review evaluated a prescription for monthly rental of Jas Static shoulder brace (joint Active Systems), three times per day for 30 minute sessions for internal and external rotation and abduction of the left shoulder for two months, from 3/19/2014 to 5/18/2014 as an outpatient, that was submitted on 4/3/2014. There was no rationale included with the UR. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Monthly rental of Jas Static Shoulder brace (Joint Active Systems), 3 times a day 30 minute sessions for internal and external rotation and abduction for the left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Shoulder Disorders](https://www.acoempracguides.org/Shoulder%20Disorders); Table 2, Summary of Recommendations, Shoulder Disorders. Broadspire's Physical Medicine Criteria for DME: Bracing & Orthotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, continuous passive motion CPM.

Decision rationale: This 46 year old man sustained an industrial injury on 9/8/2012. The mechanism of injury was not detailed. Current diagnoses include status post shoulder surgery for SLAP lesion, neck pain rule out disc herniation, ligamentous wrist injury following industrial accident, posttraumatic stress disorder, and ear and eye problems. Treatment has included oral medications. Physician notes dated 3/17/2014 show left shoulder pain that is improving. He is also losing his grip strength and there is numbness and tingling in the arms. The neck is painful to rotate alone. Recommendations include reviewing the MRI of the cervical spine. Physician notes dated 3/27/2014 are in response to the peer-to-peer denial of the requested brace. It explains that the brace was requested as a post-operative measurement to utilize principals of stress relaxation and low-load stretch to achieve permanent restoration of joint range of motion. The unit does not require supervision and the goal is to prevent stress on the shoulder. On 3/28/2014, Utilization Review evaluated a prescription for monthly rental of Jas Static shoulder brace (joint Active Systems), three times per day for 30 minute sessions for internal and external rotation and abduction of the left shoulder for two months, from 3/19/2014 to 5/18/2014 as an outpatient, that was submitted on 4/3/2014. There was no rationale included with the UR. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.