

Case Number:	CM15-0003740		
Date Assigned:	01/14/2015	Date of Injury:	06/14/2010
Decision Date:	03/23/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 06/14/2010 due to cumulative trauma. On 11/14/2014, he presented for a followup evaluation, reporting right shoulder pain. His surgical history was significant for a debridement of his shoulder joint with decompression on 10/07/2010, and an additional debridement in 02/2012. He stated that his pain in the right shoulder was constant, and range of motion was limited. A physical examination showed cervical spine range of motion was full with right and left rotation, flexion, and extension without any significant asymmetry. Right shoulder revealed he was neurologically intact from the C5 to T1. There was no lymphedema and skin was normal. There were 2+ ulnar and radial pulses, with a normal capillary refill. Active range of motion was to 70 degrees with abduction, 80 degrees with flexion, 40 degrees of external rotation, and 0 with internal rotation. Range of motion was moderately painful and mild crepitus was present. There was moderate anterior shoulder pain and moderate lateral shoulder pain, as well as mild pain of the AC joint. There was no instability noted on assessment and the rotator cuff showed 3/5 strength in the supraspinatus and infraspinatus. He had a positive impingement sign and there was severe atrophy in the supraspinatus fossa. He was diagnosed with chronic cuff arthropathy with failed total shoulder replacement. The treatment plan was for an Ultra Sling for the right shoulder. The rationale for treatment was to provide the injured worker with relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sling for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Shoulder, Immobilization.

Decision rationale: According to the Official Disability Guidelines, early mobilization benefits include earlier return to work, decreased pain, swelling, and stiffness, as well as greater preserved range of motion with no increased complications. It is also stated that immobilization is not recommended as a primary treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right shoulder; however, there was a lack of documentation showing evidence indicating that immobilization of the shoulder is medically necessary. The injured worker was not noted to have an unstable joint, and the guidelines do not support immobilization as a primary treatment modality. Therefore, the request is not supported. As such, the request is not medically necessary.