

Case Number:	CM15-0131037		
Date Assigned:	07/17/2015	Date of Injury:	02/05/1996
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 63 year old female with a February 5, 1996 date of injury. A progress note dated May 6, 2015 documents subjective complaints (bilateral shoulder pain and stiffness; symptoms have remained the same since the last visit), objective findings (tenderness of the right shoulder; decreased range of motion of the bilateral shoulders secondary to pain; diffuse tenderness of the left shoulder; positive cross chest adduction, Neer's, Hawkins, and O'Brien's tests bilaterally), and current diagnoses (bilateral shoulder pain; acromioclavicular arthritis; impingement syndrome; labral tear, shoulder). Treatments to date have included medications, x-rays of the shoulders (showed bilateral acromioclavicular arthrosis), magnetic resonance imaging of the left shoulder (showed some peritendinitis in the cuff and a labral tear), and physical therapy. The treating physician documented a plan of care that included a customized shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Customized shoulder brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

Decision rationale: This claimant was injured back in 1996. As of May 2015, there was still unchanged subjective complaints of bilateral shoulder pain and stiffness; symptoms have remained the same since the last visit. Current diagnoses are bilateral shoulder pain; acromioclavicular arthritis; impingement syndrome; and a shoulder labral tear. Treatments to date have included medications, x-rays of the shoulders (which showed bilateral acromioclavicular arthrosis), magnetic resonance imaging of the left shoulder (which showed some peritendinitis in the cuff and a labral tear), and physical therapy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding shoulder immobilization by bracing, the ODG notes: 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. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". (Rauoof, 2004) Immobility by bracing is generally not supported; the request is not medically necessary.