

<b>Case Number:</b>	CM15-0142993		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

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 46 year old male patient who sustained an industrial injury on August 14, 2013. The worker was employed as a cook and has not worked since the accident. The accident was described as having slipped and fallen with resulting injury. The patient noted having undergone a left wrist arthroscopy and ulnar shortening osteotomy on May 10, 2014. At a recent follow up dated May 06, 2015 the current medication regimen was: Norco 10mg 325 mg every six hours as needed for pain and Duexls 800mg 26.6mg one every eight hours. The diagnostic impression found the patient with elbow pain; shoulder pain, and neuropathic pain wrist and forearm. The plan of care noted referring for surgical evaluation, continue with current medications. The following medications were discontinued this visit: Butrans, and Lyrica. The Butrans patches were prescribed again at a follow up visit dated April 07, 2015. A pre-operative visit dated June 16, 2015 reported the patient continues with left forearm discomfort and is scheduled to undergo possible hardware removal versus a revision shortening repair of nonunion. The radiographic imaging results showed a nonunited osteotomy; fractured malunion, symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder immobilizer purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Shoulder Chapter under Immobilization.

**Decision rationale:** The patient presents on 06/16/15 with unrated left forearm pain and discomfort. The patient is scheduled for possible hardware removal versus revision/shortening of current forearm non-union. The patient's date of injury is 08/14/13. Patient is status post left wrist arthroscopy and ulnar shortening osteotomy on 05/10/14. The request is for SHOULDER IMMOBILIZER PURCHASE. The RFA was not provided. Physical examination dated 06/16/15 reveals tenderness to palpation of the left forearm over the ulnar plate, and pain elicitation upon pronation and supination of the forearm. The patient is currently prescribed Norco. Diagnostic imaging, which appears to have been conducted point of care shows: "non-united osteotomy." Patient's current work status is not provided. The MTUS and ACOEM Guidelines do not address this request; however, the ODG Guidelines under the shoulder chapter for immobilization states, "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; in a greater preserved range of motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder." In regard to the request for a shoulder immobilizer, such immobilizers are not recommended as a primary treatment. This patient presents with significant unresolved forearm pain, and is currently scheduled to undergo revision of a failed osteotomy. The provider is requesting a shoulder immobilizer to assist the patient is reducing pain during daily activities, as the forearm is still sensitive to touch and movement. However, official disability guidelines do not support the use of such immobilizers owing a risk of developing adhesive capsulitis, a.k.a. "frozen shoulder." While this patient presents with significant chronic pain complaints, the use of such an immobilizer device could result in further deterioration of this patient's extremity and cannot be substantiated. The request is not medically necessary.