

Case Number:	CM15-0161482		
Date Assigned:	08/27/2015	Date of Injury:	04/11/2002
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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, New York, 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:

The applicant is a represented 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 11, 2002. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for brace apparently prescribed and/or dispensed on or around June 16, 2015. The claims administrator contended that the request in question represented a shoulder brace. The applicant's attorney subsequently appealed. On said June 15, 2015 progress note, the applicant reported ongoing complaints of shoulder pain. Lyrica and Norco were endorsed. The applicant was asked to remain off of work (permanently). The note was very sparse. It did not furnish much in the way of the supporting rationale for the brace in question. The applicant's medications included Norco, methotrexate, Lyrica, and Zocor. A brace was apparently fitted, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace (for shoulder), fitted (retrospective DOS 6/16/15), Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Table 2. Summary of Recommendations for Managing Shoulder Disorders (continued), Shoulder Disorders, pg. 11, Rotator Cuff Tendinopathies, Not Recommended, Slings and braces (I).

Decision rationale: No, the proposed [shoulder brace] apparently prescribed and/or dispensed on or around June 15, 2015 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 prolonged usage of a sling and by analogy, the shoulder brace at issue, for symptom control purposes is deemed "not recommended." Here, the attending provider's June 13, 2015 progress note was thinly and sparsely developed and failed to furnish a clear or compelling rationale for provision of the brace in the face of the unfavorable position on the same set forth in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213. The Third Edition ACOEM Guidelines Shoulder Chapter also notes that braces such as the device at issue here are deemed "not recommended." The attending provider's June 15, 2015 progress note, as noted previously, failed to set forth a clear or compelling rationale for the device at issue in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.