

Case Number:	CM15-0167181		
Date Assigned:	09/04/2015	Date of Injury:	05/07/2015
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old male who sustained an industrial injury on 05-07-2015 due to a fall. Diagnoses include partial rotator cuff tear, right shoulder; labral tear with bony Bankart lesion inferiorly, right shoulder, per CT; and acute shoulder dislocation on 5-7-2015. Treatment to date has included medication, sling and closed reduction of the right shoulder dislocation. According to the Comprehensive Orthopedic Evaluation dated 7-15-2015, the IW (injured worker) reported constant, dull achy pain in the right shoulder and numbness and paresthesias over the lateral aspect of the right shoulder. On examination, active assisted forward flexion of the right shoulder was 120 degrees and abduction was 130 degrees with 5 out of 5 strength. Neer and Hawkins were negative and O'Brien's was negative. A 3D CT scan on 6-10-2015 showed a bony Bankart lesion inferiorly, lying very close to the axillary nerve, according to the notes. X-ray of the right shoulder on 5-7-2015 showed a dislocation of the right glenohumeral joint, as described by the provider. A request was made for one Spinal Q brace for shoulder stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal Q brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), IntelliSkin Posture Garments.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization.

Decision rationale: The MTUS recommends for treatment of shoulder dislocation, "Multiple traumatic shoulder dislocations indicate the need for surgery if the shoulder has limited functional ability and if muscle strengthening fails. In the acute phase, shoulder dislocations can be immobilized for up to three weeks although recommendations for immobilization for a period as short as three days have appeared in the literature." There are no recommendations for postural support bracing. The ODG states that immobilization is "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) An RCT was done to ascertain whether immobilization after primary traumatic anterior dislocation of the shoulder in external rotation was more effective than immobilization in internal rotation in preventing recurrent dislocation, but it was about the same, with 37% from the external rotation group and 42% from the internal rotation group sustaining a further dislocation. (Finestone, 2009) See also postoperative abduction pillow sling." Neither the MTUS nor ODG recommend spinal postural support for the treatment of Shoulder dislocation. As such, the request for one spinal Q brace is not medically necessary.