MAXIMUS Federal Services

Case Number:	CM15-0184960		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2013
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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 [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 9, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for a shoulder immobilizer. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 24, 2015 office visit, the applicant reported ongoing complaints of shoulder pain with ancillary complaints of arm, elbow, and hand pain. The applicant was placed off of work, on total temporary disability. Shoulder surgery was sought. Tramadol was refilled. The applicant was kept off of work. The note was very difficult to follow, thinly developed, and did not seemingly make explicit mention of the need for a shoulder immobilizer. On August 27, 2015, the applicant was placed off of work, on total temporary disability, while Mobic and Neurontin were endorsed. Authorization for shoulder surgery was sought. There was no explicit mention of the need for the immobilizer in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Immobilization.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, page, 89.

Decision rationale: No, the proposed shoulder immobilizer was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend brief use of a sling for severe shoulder pain complaints in cases of rotator cuff conditions, as was seemingly present here, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 qualifies the position by noting that prolonged usage of a sling or, by analogy, the shoulder immobilizer at issue, is deemed not recommended. The shoulder immobilizer at issue, moreover, represented a rather constrictive device which limits mobility and mobilization in a significant manner, i.e., above and beyond that associated with the sling. The MTUS Guideline in ACOEM Chapter 9, page 205 further notes that careful advice regarding maximizing activities within the limits of symptoms is imperative. Here, thus, the request for usage of an immobilizer for an unspecified amount postoperatively was seemingly at odds with both the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 and with the MTUS Guideline in ACOEM Chapter 9, page 205, both of which caution against over-reliance on slings and, by implication, the immobilizer in question. While the Third Edition ACOEM Guidelines Shoulder Chapter does acknowledge that slings and/or shoulder supports are recommended for postoperative shoulder pain when said appliance is employed to advance an applicant's activity level, here, again, the attending provider's September 24, 2015 progress note was difficult to follow, thinly and sparsely developed, not altogether legible, and did not clearly state how (or if) the shoulder immobilizer was intended to advance the applicant's activity level postoperatively. No explicit mention was made of the immobilizer in question on the date in question. Therefore, the request was not medically necessary.