

Case Number:	CM15-0185429		
Date Assigned:	09/25/2015	Date of Injury:	11/28/2014
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
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: Montana

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 injured worker is a 46-year-old male who sustained an industrial injury on 11-28-14. The injured worker reported right shoulder instability. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder recurrent dislocation - instability - Bankart tear. Medical records dated 8-20-15 indicate "ongoing episodes of instability and pain". Provider documentation dated 8-20-15 noted the work status as "may continue to return to work with restrictions". Treatment has included status post right shoulder reduction and right shoulder magnetic resonance imaging (1-12-15). Objective findings dated 8-20-15 were notable for right shoulder without tenderness to palpation and "dermatomes testing reveals intact sensation to pinprick and light touch throughout the bilateral upper extremities." The original utilization review (9-4-15) denied a request for post-operative crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Crutches, foot/ankle, knee/leg and hip/pelvis.

Decision rationale: The MTUS does not address crutches or walking aids for shoulder conditions. The ODG guidelines do address use of crutches only for foot/ankle, knee/leg and hip/pelvis complaints. The orthopedic treatment note on 8-20-15 recommends a right shoulder arthroscopic procedure with Bankart repair. There is no justification provided for post-operative crutches. The request for post-operative crutches is not medically necessary.