

Case Number:	CM15-0192358		
Date Assigned:	10/30/2015	Date of Injury:	12/17/1999
Decision Date:	12/11/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 74 year old female who sustained an industrial injury on 12-17-1999. A review of medical records indicates the injured worker I being treated for multilevel degenerative disc disease and spondylosis plus probable protrusions of the cervical spine, possible right shoulder subacromial impingement syndrome, left shoulder subacromial impingement syndrome, multilevel degenerative disc disease and spondylosis plus probable disc protrusions of the lumbar spine, a comminuted right femur fracture, right knee pain, and left knee pain. Medical records dated 9-4-2015 noted injury to the neck, bilateral shoulders, lower back, and both knees. There was some popping and clicking in her neck with most movements. Physical examination noted decreased cervical range of motion. There was tenderness of the cervical spine. There was tenderness over the left and right shoulder. There was tenderness to the lumbar spine and sacroiliac joints. There was tenderness to the right leg and left knee. Treatment has included Norco and Morphine Sulfate since at least 3-17-2015. Utilization review form dated 9-18-2015 noncertified 1 slingshot sling with bolster.

IMR ISSUES, DECISIONS AND RATIONALES

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

One slingshot sling with bolster: 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 (Acute & Chronic): Immobilization (2015).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, immobilization is not recommended in the subacute or chronic phase. Long-term use is not indicated as it can reduce mobility. The claimant's injury is remote and length of use was not specified. The request for the shoulder sling is not medically necessary.