MAXIMUS Federal Services

Case Number:	CM15-0198261		
Date Assigned:	10/13/2015	Date of Injury:	06/24/2013
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: California, North Carolina
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 58 year old male who sustained an industrial injury on 06-24-2013. An MRI of the right shoulder performed on 08-19-2015 demonstrated a large full thickness tear of the supraspinatous tendon with retraction of the torn tendon to approximately the level of the acromioclavicular joint. Labrum demonstrated a large tear along the superior and superior posterior margin. According to a progress report dated 9-18-2015, the injured worker presented with chronic right shoulder pain. He had two right shoulder surgeries in 11-03-2014. He continued to report pain and dysfunction in the right upper extremity and continued to struggle with his activities of daily living. Range of motion of the shoulder was within normal limits except for flexion which was limited to 150 degrees in the right upper extremity. Abduction was limited to 120 degrees and external rotation was limited to 75 degrees. Hawkins Kennedy test was positive on the right side. Apprehension was positive on the right side. There was pain with range of motion in all directions. The provider noted that the injured worker had a MRI of the right shoulder which showed a new tear. Diagnoses included disorder of bursal of shoulder region. The treatment plan included a shoulder immobilizer. On 09-28-2015, Utilization Review non-certified the request for shoulder immobilizer purchase for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder immobilizer purchase for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Shoulder Procedure Summary Online Version last updated 09/08/2015.

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

Decision rationale: CA MTUS/ACOEM recommends the brief use (1-2 days) of a sling / shoulder support for severe shoulder pain, for example following an acute injury or in the immediated post-operative period. Shoulder supports are not recommended for chronic shoulder pain and are usually contraindicated since they invariable worsen the patient's condition. ODG states that shoulder immobilization is not recommended as a primary treatment. Immobilization and rest of the shoulder appear to be over-used. Early mobilization is essential for improvement. In this case, guidelines do not support the use of a shoulder immobilizer as a primary treatment. There is also limited evidence of extenuating circumstances to overrule the guidelines. In addition, no clear rationale is provided for the use of the shoulder immobilizer. Therefore, the request is not medically necessary or appropriate.