

Case Number:	CM15-0209547		
Date Assigned:	10/28/2015	Date of Injury:	03/16/2005
Decision Date:	12/15/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on 3-16-15. The injured worker was diagnosed as having right shoulder sprain. Subjective findings (8-14-15) indicated increased right shoulder pain. Objective findings (8-14-15) revealed positive crepitus in the right shoulder, tenderness in the subacromial and acromioclavicular. Range of motion was 150 degrees of flexion, 40 degrees of extension, 140 degrees of abduction and 40 degrees on adduction. Treatment to date has included an IF unit and chiropractic treatments were requested and Fexmid. The Utilization Review dated 10-3-15, non-certified the request for a cervical collar for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: As per MTUS ACOEM guidelines, "...cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities." Patient's pain is chronic. Prolonged use is detrimental. The request is not medically necessary.