

Case Number:	CM15-0215271		
Date Assigned:	11/05/2015	Date of Injury:	09/06/2014
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/02/2015

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 63 year old male, who sustained an industrial injury on September 6, 2014, incurring right shoulder injuries. He was diagnosed with right shoulder rotator cuff arthropathy. On December 23, 2014, the injured worker underwent arthroscopic shoulder debridement of the rotator cuff and decompression. Treatment included anti-inflammatory drugs, pain medications, shoulder immobilizer, steroid injections, and activity restrictions. Currently, the injured worker complained of increased shoulder pain and discomfort radiating into his neck. He was diagnosed with acute chronic right shoulder pain. He was ordered on new prescriptions of Norco for pain and Flexeril for muscle spasms. He had limited range of motion in the right shoulder region. It was recommended he undergo a surgical right reverse total shoulder replacement. The treatment plan that was requested for authorization included retrospective shoulder immobilizer for a date of service of July 25, 2015. On October 14, 2015, a request for a shoulder immobilizer was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective shoulder immobilizer (DOS: 07/24/2015): Overturned

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 Chapter - Sling.

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

Decision rationale: According to the guidelines, shoulder immobilizer is indicated for brief use for rotator cuff injuries and dislocation. It is not indicated for prolonged use. In this case, the claimant was to undergo shoulder surgery again for reverse total replacement. Although, the claimant had previously used an immobilizer for the initial rotator injury, the request for its use again is appropriate due to persistent symptoms and planning for another surgery. The request is medically necessary.