

Case Number:	CM14-0114357		
Date Assigned:	08/04/2014	Date of Injury:	03/18/2013
Decision Date:	10/06/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 34-year-old male who sustained a vocational injury on March 18, 2013 while working as a driver. The medical records provided for review document that the claimant subsequently underwent arthroscopic right shoulder subacromial decompression comprised of acromioplasty, bursectomy and resection of coracoacromial ligament and arthroscopic acromioclavicular joint resection (Mumford procedure) arthroscopic glenohumeral synovectomy, debridement, and arthroscopically assisted pain pump canula insertion on November 19, 2013. This request is specific for a canvas acromioclavicular splint which has padded shoulder and chest straps, foam padding and pouch for greater patient comfort, Velcro closure to help secure and position, buckle adjustments and is noted to fit either the left or right extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arcomio/clavicular canvas and WE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Immobilization Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to

work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. (Nash, 2004) With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis,

Decision rationale: The California ACOEM Guidelines recommend that, in general, the shoulder joint can be kept at rest in a sling if needed. The Official Disability Guidelines note that immobilization is typically not recommended as a primary treatment. Typically postoperative abduction pillow slings are only recommended as an option following repair of large and massive rotator cuff tears. The documentation presented for review fails to establish why a specific acromioclavicular type sling would be needed after the previously noted surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the Acromioclavicular canvas and WE cannot be considered medically necessary.