

Case Number:	CM14-0121870		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2012
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 21-year-old male with a 10/8/12 date of injury, when falling equipment resulted in hyperextension of his left wrist. The patient underwent left wrist surgery on 3/25/13 and second left wrist surgery on 3/5/14. The patient was seen on 7/15/14 with complaints of pain in the left wrist and pain with clicking and popping in the elbow. Exam findings revealed full range of motion of the wrist and elbow. There were sensory changes with the left elbow in comparison to the right elbow. The patient was advised to work modified duty. The diagnosis is status post 2 left wrist surgeries, pain in the elbow and pain in the wrist. Treatment to date: electrical bone stimulator, work restrictions, physical therapy and medications. An adverse determination was received on 7/23/14 given that based on the provided clinical information, it did not appear that the patient had any complaints to the shoulder that would indicate the need for a shoulder immobilizer at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of shoulder immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization

Decision rationale: CA MTUS Guidelines state that the use of a sling is recommended for 3 weeks or less after an initial shoulder dislocation and reduction. In addition, the ODG guidelines state that immobilization of the shoulder is not recommended as a primary 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. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". There is a lack of documentation indicating that the patient suffered an injury to his shoulder and the physical examination of the shoulders was not documented. In addition, there is no rationale with regards to clearly specified goals with the shoulder immobilizer treatment. Therefore, the request for purchase of shoulder immobilizer was not medically necessary.