

Case Number:	CM14-0154580		
Date Assigned:	09/24/2014	Date of Injury:	02/26/2013
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 48-year-old female who experienced a seizure at work, fell backwards, and struck her head and right shoulder on 02/26/13. Medical records specific to the claimant's right shoulder documented a dislocation with a Hill-Sachs lesion and Bankart tear of the labrum. On 08/05/13 the claimant underwent right shoulder arthroscopy, subacromial decompression, distal clavicle excision, and labral debridement. A second surgery occurred in October 2013 in the form of a right shoulder hemiarthroplasty due to ongoing pain. The follow up postoperative visit on 08/18/14 described continued right shoulder pain with objective findings of tenderness, limited range of motion and atrophy of the deltoid muscle. The claimant was diagnosed with continued pain following hemiarthroplasty and a "right shoulder brace" was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ODG): Shoulder Chapter: shoulder Immobilization

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder brace is not recommended as medically necessary. ACOEM Guidelines do not recommend the use of a sling for acute, subacute, or chronic shoulder pain. While there is noted to be atrophy and continued pain following the operative process, there is no clinical evidence of instability or imaging findings that would support the role of immobilization. Without documentation of the above, the clinical request for a Right Shoulder Brace is not medically necessary.